

# ST. JOSEPH COUNTY PARKS

## Archer Application

(This form must be completed individually by each hunter in the hunting group – all applications from your group must be submitted at the same time)

A \$5 application fee per hunter is required, payable to St. Joseph County Parks. The application fee is non-refundable. (If there are 8 in your group, the total application fee will be \$40.)

This completed application will allow St. Joseph County Parks to know more about you. Please answer all questions honestly and to the best of your abilities. If you need more room to complete your answers or you feel some clarification is necessary, please attach a page.

*NOTE* – Photocopy and attach the following documents:

- Current Drivers License
- Indiana Hunting License

*PLEASE RETURN OR MAIL THIS APPLICATION TO:  
All applications must be completed and must be received at St. Patrick's County Park no later than April 1, 2010 at 4:00pm.*

**St. Joseph County Parks  
ATTN: Evelyn Kirkwood  
50651 Laurel Road  
South Bend, IN 46637**

### GENERAL INFORMATION (Please PRINT)

LAST FIRST M.I.

ADDRESS CITY STATE ZIP

HOME PHONE CELL PHONE OTHER PHONE

EMAIL

EMPLOYER JOB TITLE WORK PHONE

DATE OF BIRTH EMERGENCY CONTACT: Name & Number not listed above

HUNTING BACKGROUND (Please PRINT)

Your full name \_\_\_\_\_ (please print)

- 1. YEARS BOWHUNTING \_\_\_\_\_ How many deer have you taken using archery equipment in the last five years? \_\_\_\_\_ Do you have a Hunter Education Certificate? Yes \_\_\_ No \_\_\_

Do you have a Lifetime Comprehensive hunting license? Yes \_\_\_ No \_\_\_

If no, do you understand that you, or fellow members of your team, may have to purchase your own bonus antlerless license(s) to reach the harvest minimum? \_\_\_\_\_

- 2. Have you ever been charged with a Federal, State, or local ordinance game violation?

Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, please explain:

- 3. List two (2) references and their phone numbers. Identify any of the references that are a landowner who has allowed you to hunt on his/her property.

NAME

PHONE

1. \_\_\_\_\_

2. \_\_\_\_\_

CRIMINAL BACKGROUND CHECK

Due to the nature of this unique reduction effort, each individual will be required to have a criminal background check performed. Please sign and date stating you agree to have ST. JOSEPH COUNTY PARKS institute and review a criminal background check.

St. Joseph County Parks may perform a criminal background check on me and can contact me if they have any questions related to this background check.

I have properly completed and attached the RELEASE FORM provided in this packet.

SIGNATURE

DATE

**OTHER INFORMATION** Your name \_\_\_\_\_

Help us learn more about you. Please tell us anything more about yourself, why you want to participate in this very restricted reduction effort, and how you might help the group.

*DISCLAIMER and ACKNOWLEDGEMENT*

I have answered the questions fully and truthfully to the best of my knowledge. I understand that participation in the 2010-2012 deer reduction effort is by invitation only and that completing this application does NOT guarantee acceptance or my participation.

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SIGNATURE

DATE



**Deer Management 2010-2012**  
Release Agreement

St. Joseph County Parks: St. Patrick's County Park

I, the undersigned, agree to:

- Abide by and obey all state game and trespass laws as well as any additional rules and restrictions placed on any management harvest I participate in.
- Cooperate with park staff and everyone involved with the harvest and act in accordance with the spirit of the harvest rules and regulations.
- Act in a safe, ethical and conscientious manner in all activities related to the harvest.
- Respect property rights of those who own the land, I am on, as well as those who own adjacent lands.
- I understand the right to participate in the management program is a privilege, not a right. I understand that my failure to live up to the responsibilities of this agreement will be grounds for my removal.

By my signature, I hereby release and hold harmless, St. Joseph County Parks, the St. Joseph County Parks Foundation, and St. Joseph County, and other individuals, employees, supporting agencies or organizations from any claim, liability, demand, judgment or execution for death, injury or loss of damage to personal property, which is incurred or suffered by me upon for any activities related to the deer management program.

This waiver is intended by the undersigned to be binding upon all heirs, executors, administrators, insurers, or other legal representatives, as of the date affixed next to the signature below.

I certify that I have the ability and desire to join in these activities at my own risk and decisions.

Hunter: \_\_\_\_\_ Date: \_\_\_\_\_ Print name \_\_\_\_\_  
(signature)

Address: \_\_\_\_\_

If above is under age 18, parental signature required. \_\_\_\_\_