

# Louisiana Hunting Heritage Program

## APPRENTICE HUNTER APPLICATION



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
*P. O. BOX/Street City State Zip*

Driver's License or Social Security Number: \_\_\_\_\_

Best telephone contact number: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ School or Employer: \_\_\_\_\_

Sex:  Male  Female

If under 18, name(s) of parent(s)/guardian(s): \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_  
*P. O. BOX/Street City State Zip*

Emergency contact number(s): (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Are you Hunter Education certified?  Yes  No If yes, in which state? \_\_\_\_\_

Have you ever hunted before?  Yes  No

If yes, how many times have you hunted:  fewer than 5  5-10  more than 10

What type of game did you hunt? \_\_\_\_\_

Did you harvest an animal?  Yes  No

How long has it been since you last hunted? \_\_\_\_\_ Years

Which hunting activities interest you most? (*Please number in order of interest with 1 being of most interest*)

Deer  Turkey  Waterfowl  Small Game (Dove, Squirrel, Rabbit, Quail, Woodcock)

What type of hunting equipment do you have access to? (circle all that apply)

Boots/Footwear  Field Clothing  Field Coat/Jacket  Shotgun  Rifle  Archery

Will you be able to purchase basic equipment that may be needed?  Yes  No  
(A "no" answer will not affect your acceptance into the LHHP)

Describe your experience with firearms:  Experienced  Limited Experience  No Experience

Are you interested in participating in other outdoor activities? (circle all that apply)

Shooting Sports  Trapping  Camping  Archery  Fishing  Other: \_\_\_\_\_

How did you find out about the LA Hunting Heritage Program?

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- ***Apprentices must be 10 years of age or older to participate in the LHHP***
- ***Hunter Education Certification is strongly recommended before hunting***
- ***Parent/Guardian may have to provide transportation to and from hunting/fishing areas***
- ***Apprentice hunter is expected to hunt safely and use safe hunting equipment***
- ***Apprentice hunter is expected to have proper license/tags when hunting***
- ***Equipment utilized will be at the assigned Mentor's discretion.***

I hereby affirm that the information provided on this form is true to the best of my knowledge and belief. I understand that my participation in the Louisiana Hunting Heritage Program is dependent on availability of a suitable and willing mentor. I further understand that I may be removed from the program if I fail to handle firearms safely or fail to comply with reasonable and proper instructions from my assigned mentor.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If applicant is under 18 years old:

Printed name of parent or guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO:**  
Louisiana Hunting Heritage Program  
LA Dept. of Wildlife & Fisheries  
5652 Hwy. 182  
Opelousas, LA 70570



# Louisiana Hunting Heritage Program Apprentice Hold Harmless Agreement

By signing this document, I agree to the following:

In consideration of the benefit received from my participation in the Louisiana Hunting Heritage Program (LHHP) and associated activities I voluntarily and knowingly assume any risk associated therewith and waive my right to assert any claim against the State of Louisiana, or any of its Departments, Agencies, Boards and Commissions, as well as its officers, agents, servants, employees and volunteers for injury or damage to my person or property resulting from my participation in LHHP activities. I further release and hold harmless the State of Louisiana, all State Departments, Agencies, Boards and Commissions, as well as its officers, agents, servants, employees and volunteers, from any and all claims, demands, causes of action, expense and liability arising out of injury or death to my person as a result of my participation in the LHHP and associated activities.

My signature or that of my parent or legal guardian below certifies that I have read this form carefully and that I understand and accept the risks associated with the activities of the LHHP.

**Apprentice Name (Please Print)** \_\_\_\_\_

**Apprentice Signature** \_\_\_\_\_ **Date:**

\_\_\_\_\_

**If Apprentice is under 18 years old:**

**Parent/Guardian Name:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Telephone:** \_\_\_\_\_