Empowered Dream Hunts Inc. Candidate Nomination Form

"Whitetail Hunts" for 2024 season

* Indicates required question		
1.	Is candidate a resident of Wisconsin *	
	Mark only one oval.	
	Yes	
	No	
2.	Name of person making nomination. *	
	3	
3.	Nominator's phone number(s) *	
4.	Candidate name. *	
5.	What is the age of the candidate? *	

6.	Has the	candidate	applied with E	mpowered	Dream Hun	its inc pre	viousiy? *	
	Mark onl	y one oval						
	No							
	Yes	3						
	O Uns	sure						
7.	Candidate's Address: (Address & City) *							
8.			date (if under f fferent then ca		e provide add	dress, pho	ne number a	ınd
	ornan da	arooo ii aii	norone thom oa	naidato.				
9.	Was the Firefighte		or family in th	e Military,	Law Enforce	ment, Me	dical or	*
		that apply.						
			Law					
		Military	Enforcement	Medical	Firefighter	No 		
	Row 1							
10.	Please	explain if	Military, Law E	ntorceme	nt, Medical oi	r Firefight		

11.	Has Candidate participated on a Disabled deer hunt? *
	Mark only one oval.
	Yes No
12.	If yes, when, where, and what did they shoot?
13.	Has Candidate participated in the WI, 9 Day Disabled deer hunt program before? *
	Mark only one oval.
	Yes
	◯ No
14.	Describe his/her condition/illness/special need/disability *

Is he/she in need of any assistance, Please explain (Hunter must have someone to assist them)
Has he/she taken a Hunter's Safety Course *
Mark only one oval.
Yes
○ No
Safety Course, when, where?
How many years of hunting experience? *

19.	Has the candidate harvested a mature whitetail buck? *
	Mark only one oval.
	Yes
	No
	Not applicable
20.	If candidate harvested a whitetail buck please explain what you harvested, and when?
21.	Has candidate ever been convicted of a criminal offense? *
	Mark only one oval.
	Yes
	No
	Unsure
22.	Does candidate have any pending criminal charges against them? *
	Mark only one oval.
	Yes
	◯ No
	Unsure

23.	Has candidate entered into a pretrial diversion or similar program relating to any criminal offense	*
	Mark only one oval.	
	Yes No Unsure	
24.	Is candidate restricted from possessing or using firearms or weapons for any reason?	*
	Mark only one oval.	
	Yes No Unsure	
25.	Has candidate been diagnosed with a mental illness? *	
	Mark only one oval.	
	Yes No Unsure	
26.	Has candidate ever been convicted of a fish or game violation? *	
	Mark only one oval.	
	Yes No Unsure	

27.	Does the candidate have hunting land to hunt on?
	Mark only one oval.
	Yes
	◯ No
	Unsure
28.	I understand that Empowered Dream Hunts Inc. may do any or all of the following to determine my eligibility to participate in the Whitetail Hunt, and I hereby consent to the same.
	1. Investigate all statements contained in this application.
	 Conduct a criminal background check. I certify that the answers and information given in this application are true and
	correct to the best of my knowledge. I agree that false or misleading information given in my application may disqualify me from consideration.
	Mark only one oval.
	Agree
	Disagree
By si	er must have someone come along on the hunt, and may stay more than one day. gning this waiver you allow Empowered Dream Hunts Inc. to use your images for rising.
	u do not get picked this year, you must reapply next year. Deadline July 4th 2024
29.	Electronic Signature of person making the nomination, or candidate *
For r	nore information, please call Joe or Laurie Ramsey at 715-693-3322 or 920-290-

2108. Please send any questions to: Empowered Dream Hunts Inc. 211509 Sandy Lane,

Mosinee, WI 54455 or e-mail Please visit us on our website or Face Book page:

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www.empowereddreamhuntsinc.org