



Submit after course completion

APPLICATION FOR CALIFORNIA 4-H SHOOTING SPORTS PROGRAM CERTIFICATION

Submission Date: _____

PERSONAL INFORMATION

Name _____		
Address _____		
City _____	State _____	Zip _____
Home Phone: _____		Work Phone: _____
E-mail: _____		
County: _____		Date of Birth: _____

CERTIFICATION

<input type="checkbox"/> I attended a California 4-H Shooting Sports Workshop on: Month _____ day _____ year _____ location _____
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DISCIPLINE

I submit this application for certification as a California 4-H Shooting Sports instructor, trainer or volunteer in the following discipline(s) Place an X in each box that applies.

Discipline	Leader Type	Leader Type
<input type="checkbox"/> Archery	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Leader Trainer
<input type="checkbox"/> Pistol	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Leader Trainer
<input type="checkbox"/> Rifle	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Leader Trainer
<input type="checkbox"/> Shot Gun	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Leader Trainer
<input type="checkbox"/> Muzzle Loading	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Leader Trainer
<input type="checkbox"/> Hunting	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Leader Trainer
<input type="checkbox"/> County Shooting Sports Coordinator	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Leader Trainer

OTHER CERTIFICATIONS

<input type="checkbox"/> I am a certified Instructor/trainer by the following organization(s) (attach copy of certification)					
National Rifle Association	<input type="checkbox"/> Pistol	<input type="checkbox"/> Rifle	<input type="checkbox"/> Shotgun	<input type="checkbox"/> Muzzle Loading	<input type="checkbox"/> Other:
Nat. Muzzle Loading Rifle Assoc.	<input type="checkbox"/> Pistol	<input type="checkbox"/> Rifle	<input type="checkbox"/> Shotgun	<input type="checkbox"/> Muzzle Loading	<input type="checkbox"/> Other:
National Archery Association	<input type="checkbox"/> Archery	<input type="checkbox"/> Other:			
California Dept. of Fish & Game	<input type="checkbox"/> Hunter Safety Instructor				
Other: _____	<input type="checkbox"/> Discipline:				

(See other side)

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APPLICANT'S SIGNATURE

I successfully completed the proper Shooting Sports training and volunteer orientation.

Signature

Date

INSTRUCTOR CERTIFICATION

I verify that this applicant has completed the _____ course.

Instructor-Print Name: _____

4-H Shooting Sports Instructor/Leader Trainer

Date

COUNTY APPROVAL

I verify that this applicant has completed the 4-H volunteer orientation and screening process.

County: _____

4-H County Staff Member

Date

STATE 4-H CERTIFICATION

4-H Certification, Date: _____ Need Additional Information (see attached note)

Discipline

Leader Type

Archery

Volunteer

Leader Trainer

Pistol

Volunteer

Leader Trainer

Rifle

Volunteer

Leader Trainer

Shot Gun

Volunteer

Leader Trainer

Muzzle Loading

Volunteer

Leader Trainer

Hunting

Volunteer

Leader Trainer

County Shooting Sports Coordinator

Volunteer

Leader Trainer

STATE 4-H OFFICE PROCESS

State Roster Updated

Certification Card Sent: _____ by _____

Return completed applications to:

John Borba

Statewide 4-H Shooting Sports Advisor

UCCE Kern 4-H Office

1031 South Mount Vernon Avenue

Bakersfield, CA 93307-2851

661-868-6200

jaborba@ucdavis.edu