



10/2014



Submit prior to training course
PERSONAL INFORMATION

Name:	_____		
Address:	_____		
County:	_____		
Home Phone:	_____	Work Phone:	_____
Fax Number:	_____	E-Mail:	_____
4-H Club/Unit:			Position: _____

DISCIPLINE

Please rank in order: first, second, and third the discipline area you would like to receive training in:

_____ Archery	_____ Hunting
_____ Rifle	_____ Re-loading
_____ Pistol	_____ Black Powder/Muzzle Loader
_____ Shotgun	_____ Coordinator
<i>(you will participate in only one discipline during the training)</i>	

TRAINING

Please list your previous shooting sports training received and any certificates you have received.

Discipline	Training Received	Date	Certification Level

SHOOTING BACKGROUND

Do you have hunting experience?	_____ Yes	_____ No	Number of Years _____
Honors/Recognition:	_____		
Do you have competitive experience?	_____ Yes	_____ No	Number of Years _____
Honors/Recognition:	_____		





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COMMUNITY ACTIVITIES

Please list your participation in community activities and organizations with offices or leadership positions held where applicable.

Organization or Activity	Offices/Leadership Positions Held	Honors/Recognition

TRAINING LOCATION

Please rank in order: first, second, and third the section you would like to receive your training in, as well as how far you would be willing to travel.

Section:	_____ North	_____ North Central	_____ South Central	_____ South
Mileage:	_____ 25 Miles	_____ 50 Miles	_____ 75 Miles	_____ 100 Miles

REFERENCES

List two references that will endorse your qualifications:

Name	Address	Phone

SIGNATURES

Applicant Signature: _____ Date: _____

County 4-H Staff Member: I verify that this applicant is registered in the county as a 4-H leader. I realize they can't be certified as a shooting sports leader until they complete 4-H volunteer orientation and the screening process and submit their "Application for Certification as a Shooting Sports Adult Volunteer" form to the state 4-H shooting sports coordinator.

Print Name: _____

Signature: _____ Date: _____

Return this completed "Training Request and Registration Form" to the instructor or registrar of the course you will be taking. The contact information is in the course announcement.

It is the policy of the University of California (UC) and the UC Division of Agriculture & Natural Resources not to engage in discrimination against or harassment of any person in any of its programs or activities (Complete nondiscrimination policy statement can be found at <http://ucanr.edu/sites/anrstaff/files/176836.doc>). Inquiries regarding ANR's nondiscrimination policies may be directed to Linda Marie Manton, Affirmative Action Contact, University of California, Davis, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, (530) 750-1318.

