

# CA 4-H Shooting Sports Program Application for Certification as a Shooting Sports Adult Volunteer

University of California  
Agriculture and Natural Resources



10/2014

**Submit after course completion**



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

## PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

County: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## CERTIFICATION

I attended a California 4-H Shooting Sports Workshop on:

Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ location \_\_\_\_\_

## 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	
<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

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 & Wildlife	<input type="checkbox"/> Hunter Safety Instructor				
Other: _____	<input type="checkbox"/> Discipline:				

(See other side)





10/2014

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

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

\_\_\_\_\_  
Signature 4-H County Staff Member \_\_\_\_\_ Date

**STATE 4-H CERTIFICATION**

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

Discipline	Leader Type	
<input type="checkbox"/> Archery	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Leader Trainer
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<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

**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@ucanr.edu](mailto:jaborba@ucanr.edu)

