

7/2019

Submit after course completion

Submission Date: _____

PERSONAL INFORMATION

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

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
<input type="checkbox"/> Western Heritage	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Leader Trainer

OTHER CERTIFICATIONS

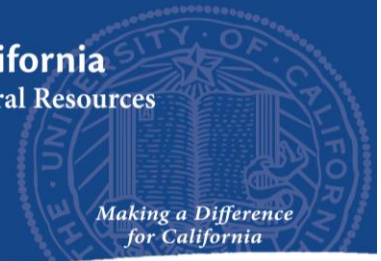
I am a certified Instructor/trainer by the following organization(s) (must attach copy of certification)

**Effective 7/1/2019: Only hunting project leaders who are certified as hunting education instructors may be certified by an agency other than 4-H. The approved agency is the California Department of Fish and Wildlife.*

Certifying Agency: California Dept. of Fish & Wildlife Hunter Safety Instructor

(See other side)





7/2019

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 adult volunteer appointment process.
 County: _____

 Signature 4-H County Staff Member _____ Date _____

STATE 4-H CERTIFICATION

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

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<input type="checkbox"/> Western Heritage	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Leader Trainer

STATE 4-H OFFICE PROCESS

State Roster Updated Certification Letter 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	Questions? 661-868-6200 jaborba@ucanr.edu
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