

APPLICATION FOR CALIFORNIA 4-H SHOOTING SPORTS PROGRAM CERTIFICATION

Submission Date:			
PERSONAL INFORMATION			
Name			
Address			
CityStateZip			
Home Phone: Work Phone:			
E-mail:			
County: Date of Birth:			
CERTIFICATION			
☐ I attended a California 4-H Shooting Sports Workshop on:			
Monthdayyearlocation			
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			
☐ 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			
OTHER CERTIFICATIONS			
☐ I am a certified Instructor/trainer by the following organization(s) (attach copy of certification)			
National Rifle Association Nat. Muzzle Loading Rifle Assoc. National Archery Association California Dept. of Fish & Game Other: Discipline: Pistol Rifle Shotgun Muzzle Loading Other: Shotgun Muzzle Loading Other: Muzzle Loading Other: Muzzle Loading Other: Muzzle Loading Other: Discipline:			

(See other side)

Submit after course completion

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 ☐ Pistol ☐ Rifle ☐ Shot Gun ☐ Muzzle Loading ☐ Hunting ☐ County Shooting Sports Coordinator		Leader Trainer	
STATE 4-H OFFICE PROCESS			
☐State Roster Updated ☐ Certificati	on 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

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