

ADVISORY APPLICATION

Name: _____

Mailing Address: _____

City, State, ZIP: _____ County: _____

E-Mail: _____ Cell: _____

Are you a current Kansas 4-H Shooting Sports volunteer? ___ Yes ___ No

Current in 4-H online? ___ Yes ___ No Current background screening? ___ Yes ___ No

Are you a Level I Instructor? ___ Yes ___ No Date of certification: _____

Are you a Level II Instructor? ___ Yes ___ No Date of certification: _____

Please list disciplines: _____

Explain why you would like to serve as a Shooting Sports Advisory member:

Please list any matches (local or state) where you have volunteered to help the host and in what role (Chief RO, Asst. RO, Chief Stat Officer, Registration, Equipment Check-In, etc.):

Please provide a summary of any additional local, regional, and state 4-H activities and leadership roles you have been part of over the last two years:

(Please complete application on back)

Please share three ideas you have for implementing 4-H Shooting Sports safety, awareness, or advocacy in your community and state:

1. _____
2. _____
3. _____

Provide two references who are aware of your 4-H Shooting Sports involvement (name, email, phone):

Name: _____ County: _____

Email: _____ Phone: _____

Name: _____ County: _____

Email: _____ Phone: _____

ADVISORY AGREEMENT

I understand that if selected to be a member of the *Kansas 4-H Shooting Sports Advisory*, I will be required to attend meetings, respond timely to communications, and participate in discussions.

I have read and understand the *Kansas 4-H Shooting Sports* handbook and *Kansas 4-H Shooting Sports Advisory* Position description and agree to carry out the responsibilities described therein.

Applicant signature: _____ Date: _____

I have discussed the responsibilities and support the above signed volunteer submitting this application.

Local Unit Agent Signature:

Name: _____ Email: _____

Local Unit Coordinator Signature:

Name: _____ Email: _____

To be considered for the *Kansas 4-H Shooting Sports Advisory* please return the completed application to Chandra Plate cplate@ksu.edu with the subject line SS Advisory Application.

This institution is committed to providing equal opportunity for participation in all programs, services, and activities. Program information may be available in languages other than English. Language access requests and reasonable accommodations for persons with disabilities, including alternative means of communication (e.g., Braille, large print, and American Sign Language), may be requested by contacting the event contact (insert name) four weeks prior to the start of the event (insert deadline date) at (insert phone number and email). Requests received after this date will be honored when it is feasible to do so. Language access services, such as interpretation or translation of vital information, will be provided free of charge to limited English proficient individuals upon request.

Kansas State University is an equal opportunity provider and employee