

## STATE MATCH STEERING GROUP 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: \_\_\_\_\_

**State Match Steering Group (select one):**

Spring Match (AP/AR/BB)  Archery  Hunting Skills

Small Bore / Muzzleloading  Shotgun

**Explain why you would like to serve as a Shooting Sports Match Steering Group member:**

\_\_\_\_\_  
\_\_\_\_\_

**Please share an experience you've had in Positive Youth Development with a shooting sports youth:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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)*

**Share an example of a creative or innovative contribution you have made in some aspect of 4-H or other educational setting:**

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

Name: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Will you be a member of any other state Extension or 4-H committees during the coming year? \_\_\_ Yes \_\_\_ No

## STATE MATCH STEERING GROUP AGREEMENT

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

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 State Match Steering Group* please return the completed application to Chandra Plate [cplate@ksu.edu](mailto:cplate@ksu.edu) with the subject line SS Steering Group 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.