

STATE LEVEL 2 INSTRUCTOR APPLICATION

Discipline _____

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 in compliance with:
Kansas 4-H Policy and Kansas 4-H Shooting Sports Handbook? Yes No

Disciplines certified in: _____

Have you volunteered at any of the following state matches?

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

Small Bore / Muzzleloading Shotgun **In any of the following questions, added pages are acceptable.**

Explain why you would like to serve as a Level 2 Instructor

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

Please explain your philosophy of positive youth development in Shooting Sports:

(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:

Provide two references who are aware of how you teach and coach at the local level. 4-H Shooting Sports involvement (name, email, phone):

Name: _____ County: _____

Email: _____ Phone: _____

Name: _____ County: _____

Email: _____ Phone: _____

We will also be contacting the Level 2 Instructor (not related to you) that you have assisted at a state training for their reference for your advancement.

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

STATE Level 2 Agreement

I understand that if selected to be a member of the **Kansas 4-H Shooting Sports Level 2 Leader Team** I will be required to: attend meetings, respond timely to communications, participate in discussions and teach at least 3 times in the next four years at a Level 1 Workshop. I will also stay updated on Kansas and National 4-H policies, minimum standards, and best practices and will abide by them.

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 Level 2 Instructor** please return the completed application to Chandra Plate cplate@ksu.edu with the subject line SS State Level 2 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.