

## 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 with at least 3 active years? (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:

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Please provide a summary of local, regional, and state 4-H activities and leadership roles (related to Shooting Sports and Natural Resources) you have been part of over the last two years:

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*(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):

1.

2.

## 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 Agent Point of Contact: \_\_\_\_\_ Date: \_\_\_\_\_

(may be a digital signature)

To be considered for the *Kansas 4-H Shooting Sports Advisory* please return the completed application to Chandra Plate [cplate@ksu.edu](mailto:cplate@ksu.edu).

### Kansas State University Agricultural Experiment Station and Cooperative Extension Service

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