

## 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:**

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**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.):**

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**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:**

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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):**

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 Point of Contact for Shooting Sports Project:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Local Unit Coordinator: Name: \_\_\_\_\_ Email: \_\_\_\_\_

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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