

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.

Name: _____ Email: _____

Local Unit Agent Point of Contact for Shooting Sports Project:

Local Unit Coordinator: 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.

Kansas State University Agricultural Experiment Station and Cooperative Extension Service

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