

# Michigan 4-H Shooting Sports Leader Certification Application



Date \_\_\_\_\_  
Name \_\_\_\_\_  
County \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_  
Alternate phone (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

Please check certification(s) you are applying for

Archery  
 Riflery  
 Shotgun  
 Muzzle loading  
 Hunting and Wildlife  
 Coordinator  
 Reloading

Date of training: \_\_\_\_\_ Trainers signature: \_\_\_\_\_

**Check only one**

- This request is for first time Instructor certification  
 This request is to add a new discipline to my existing Instructor certification.

**Shooting Sports Leader**

By signing below I understand and agree to adhere to the philosophies of the 4-H Youth Development Program and the Program Policies and Safety Practices of the Michigan 4-H Shooting Sports Program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

(See next page)

**County 4-H Extension Staff to complete this section.**

Has the applicant completed the County volunteer screening process? Yes / No

To the best of my knowledge, the information included on this application is correct and I **DO / DO NOT** (circle one) recommend this applicant for Shooting Sports Instructor certification.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name: \_\_\_\_\_

County Extension  
Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to 4-H Youth Development, Shooting Sports Program, Michigan State University, 160 Agriculture Hall, East Lansing, MI 48824.** If approved, a certification card will be mailed to the county 4-H Staff person within 4-6 weeks. Thank you for your continued dedication to 4-H Shooting Sports!