Idaho 4-H Shooting Sports Program

National (Level 2) Instructor Training Interest Form

Name: ___________________________________________     County Enrolled in: ________________________
Address: ____________________________________________________________________________________
City: ______________________________________________     State: _________     Zip: ___________________
Phone: (______) __________________     Email: _________________________________________________

Submit Completed Form to:
Jim Wilson, 1031 N. Academic Way, Coeur d’Alene, ID 83814 or email to jwilson@uidaho.edu

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Please provide specific, concise answers to each of the following questions. You may provide responses directly on
this form, or write them on a separate page(s) and attach them to this form. Thank you for your interest.

1. Specifically, why do you want to become a National (Level 2) certified 4-H Shooting Sports instructor?

2. Which discipline are you seeking certification in (you can rank these, if interested in multiple options):
   ___ Archery      ___ Muzzleloader      ___ Rifle      ___ Western Heritage
   ___ Hunting      ___ Pistol / Handgun  ___ Shotgun

3. Detail your experience in working with youth as a Level 1 instructor within this/these disciplines?
4. What’s your greatest achievement related to serving as a Level 1 4-H Shooting Sports instructor?

5. What is the greatest challenge you’ve experienced as a Level 1 instructor, and how did you handle it?

6. As Level 2 instructors may be asked to serve on the State Advisory team, what vision do you have for the Idaho 4-H Shooting Sports program? What skills and/or ideas can you contribute to help us grow?

7. Are there other relevant skills/attributes you possess, which you would like to have considered during the application review process?

I understand that if selected and I attend a National 4-H (Level 2) instructor training, I am committed to returning to Idaho and will actively engage in teaching a minimum of one Level 1 training annually for at least the next 3 calendar years. If I fail to meet these requirements, I will reimburse any organization(s) who provided financial support for my Level 2 training, one-third of their investment for each year I fail to complete this requirement.

Signature: __________________________________________ Date: _____/_____/_______

Developed: 12/13/16