**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

1. Detail your experience in working with youth as a Level 1 instructor within this/these disciplines?
2. What’s your greatest achievement related to serving as a Level 1 4-H Shooting Sports instructor?
3. What is the greatest challenge you’ve experienced as a Level 1 instructor, and how did you handle it?
4. 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?
5. 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