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**4-H Shooting Sports**

**Instructor Certification Training**

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**Application Form**

**Return to:**

**SSGT. Scott Stephens**

**Fax: 803-734-4491**

**stephensm@dnr.sc.gov**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Discipline (Rank 1st, 2nd and 3rd)**

 **\_\_ XX\_\_Shotgun \_\_ N/A\_\_Rifle \_\_ N/A\_\_Archery**

**Previous Shooting Sports Training:**

 ***List any previous shooting sports training you have received and any certifications you hold.***

**Discipline Training Received Date Certification**

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**Shooting Background:**

 ***Please check the disciplines in which you possess “better than average” skill.***

**Archery Rifle Black Powder Shotgun Pistol**

 ***Do you have hunting experience?* YesNo**

 ***Types of hunting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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 ***Have you taken a Hunter Education Course?* YesNo**

 ***Are you certified to teach Hunter Education in S.C.?* YesNo**

**Work with Youth:**

 ***Please describe your experience working with 4-H or other youth groups.***

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**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of County Extension Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**