

# SCDNR

SCHOLASTIC CLAY TARGET SPORTS

## 4-H Shooting Sports Instructor Certification Training



### Application Form

Return to:  
SSGT. Scott Stephens  
Fax: 803-734-4491  
[stephensm@dnr.sc.gov](mailto:stephensm@dnr.sc.gov)

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

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

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

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

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

Discipline (Rank 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup>)

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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?*                      **Yes**              **No**

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

*Have you taken a Hunter Education Course?*                      **Yes**              **No**

*Are you certified to teach Hunter Education in S.C.?*                      **Yes**              **No**

**Work with Youth:**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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