

## STATE MATCH STEERING GROUP APPLICATION

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

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

City, State, ZIP: \_\_\_\_\_ County: \_\_\_\_\_

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

Are you a current Kansas 4-H Shooting Sports volunteer?  Yes  No

Current in 4-H online?  Yes  No      Current background screening?  Yes  No

Are you a Level I Instructor?  Yes  No      Date of certification: \_\_\_\_\_

Are you a Level II Instructor?  Yes  No      Date of certification: \_\_\_\_\_

Please list disciplines: \_\_\_\_\_

**State Match Steering Group (select one):**

Spring Match (AP/AR/BB)       Archery       Hunting Skills

Small Bore / Muzzleloading       Shotgun

**Explain why you would like to serve as a Shooting Sports Match Steering Group member:**

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**Please share an experience you've had in Positive Youth Development with a shooting sports youth:**

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**Please provide a summary of any additional local, regional, and state 4-H activities and leadership roles you have been part of over the last two years:**

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*(Please complete application on back)*

**Share an example of a creative or innovative contribution you have made in some aspect of 4-H or other educational setting:**

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**Provide two references who are aware of your 4-H Shooting Sports involvement (name, email, phone):**

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Will you be a member of any other state Extension or 4-H committees during the coming year? \_\_\_ Yes \_\_\_ No

## STATE MATCH STEERING GROUP AGREEMENT

I understand that if selected to be a member of the *Kansas 4-H Shooting Sports State Match Steering Group*, I will be required to attend meetings, respond timely to communications, and participate in discussions.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have discussed the responsibilities and support the above signed volunteer submitting this application.

Local Unit Agent Point of Contact for Shooting Sports Project:

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

Local Unit Coordinator: Name: \_\_\_\_\_ Email: \_\_\_\_\_

To be considered for the *Kansas 4-H Shooting Sports State Match Steering Group* please return the completed application to Chandra Plate [cplate@ksu.edu](mailto:cplate@ksu.edu).

**Kansas State University Agricultural Experiment Station and Cooperative Extension Service**

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