



Oklahoma 4-H Shooting Sports Instructor Training

Certification Training for 4-H Certified Adult Volunteers in the 4-H Shooting Sports Program

Date: September 16-17, 2011

Location: Payne County Fairgrounds in Stillwater, OK

Cost: Registration fee covers instructor manual, materials, and insurance as listed

Shotgun	\$80.00
Archery	\$80.00
Rifle/Pistol (Air and .22) ...	\$80.00

MAKE CHECKS PAYABLE TO: Oklahoma 4-H Conferences

Curriculum: Based on the National 4-H Shooting Sports Curriculum materials. Training will be offered in the following disciplines: shotgun, rifle & pistol, archery and county coordinator. Adult volunteers may enroll in one discipline and receive training that qualifies them to instruct 4-H members in their home county. These instructors will broaden the base of the OK 4-H Shooting Sports Program.

Resources: Individuals who have attended and successfully completed National 4-H Shooting Sports certification will serve as discipline instructors.

Why Participate: The 4-H Shooting Sports program is one of the largest 4-H programs in the nation. Community based and family oriented, the 4-H Shooting Sports program offers a diverse curriculum that not only helps young people develop good citizenship, personal responsibility, and leadership skills but also teaches shooting safety and gun owner responsibility. Leaders will be trained to help youth learn self-discipline, sportsmanship, ethical behavior, and an appreciation for the great outdoors.

Required for: All adults serving as county coordinators or coaches in any discipline of the 4-H Shooting Sports Program. **The instructor in each class reserves the right to NOT certify a person if he/she feels the candidate will not be a competent instructor.**

Safety Equipment: All participants should bring their own eye protection (shooting glasses) and ear protection (personal choice).

For More Info: **Registration/Training Questions**
Terry Nelson
Extension Educator (Retired)
Nelson1513@att.net
405.334.7035

Shooting Sports Questions
Kevin Allen
State 4-H NREM Specialist
Kevin.Allen@okstate.edu
405.744.8269

Discipline Descriptions

SHOTGUN

Prerequisites: Certified 4-H volunteer in Oklahoma prior to teaching, no felony convictions

Required training: 16 hour shotgun discipline instruction plus 4 hour youth development instruction. After passing training, instructors can: Teach youth ages 10 and up in 12 gauge or smaller for trap, skeet and sporting clays. Depending on district, related 4-H events include invitational, district, and state shoots.

Maintain Certification: 4-H Shooting Sports instructor must teach or assist in teaching a class every two years AND report the classes to your county Extension Educator.

ARCHERY

Prerequisites: Certified 4-H volunteer in Oklahoma prior to teaching, no felony convictions

Required training: 8 hour archery discipline instruction plus 4 hour youth development instruction. After passing training, instructors can: Teach youth ages 9 and up in compound and recurve archery. Depending on district, related 4-H events include invitational, district, and state shoots in indoor, field, FITA, and 3D shoots.

Maintain Certification: 4-H Shooting Sports instructor must teach or assist in teaching a class every two years AND report the classes to your county Extension Educator.

RIFLE/PISTOL

Prerequisites: Certified 4-H volunteer in Oklahoma prior to teaching, no felony convictions

Required training: 8 hour rifle/pistol discipline instruction plus 4 hour youth development instruction. After passing training, instructors can: Teach youth ages 9 and up in air rifle, ages 12 and up in air pistol, ages 12 and up in .22 rifle (after having completed air rifle training), and ages 14 and up in .22 pistol (after having completed air pistol training). Depending on district, related 4-H events include invitational, district, and state shoots.

Maintain Certification: 4-H Shooting Sports instructor must teach or assist in teaching a class every two years AND report the classes to your county Extension Educator.



OKLAHOMA 4-H SHOOTING SPORTS WORKSHOP

Instructor Certification Training

Sept. 16-17, 2011

Payne County Fairgrounds

Stillwater, OK

Friday, September 16th

- 8:30 a.m. Shotgun Training Registration - **Shotgun Discipline Participants ONLY**
- 9:00 a.m. – 12:00 p.m. Shotgun Discipline Training
- 12:00 – 1:00 p.m. Lunch
- 1:00 p.m. Archery Training Registration - **Archery Discipline Participants ONLY**
- 1:00 – 5:00 p.m. Shotgun Discipline Training Continued
- 1:30 p.m. Archery Discipline Training
- 5:00 -- 6:00 p.m. Supper
- 6:00 – 9:00 p.m. Youth Development Training for ALL Disciplines -**ALL New Instructors and as well as those who received certification prior to July 1, 2007 must attend Youth Development Training**
- 9:00 p.m. Shotgun & Archery Disciplines Training Continued

Saturday, September 17th

- 8:00 a.m. -- 12:00 p.m. Shotgun & Archery Disciplines Training Continued
- 8:00 – 8:30 a.m. Registration for Rifle/Pistol
- 8:30 a.m. – 12:00 p.m. Rifle/Pistol Discipline Training
- 12:00 p.m. – 1:00 p.m. Lunch
- 1:00 -5:00 p.m. Discipline Training for ALL Disciplines
Cross-Discipline Training & Discipline Testing
- 5:00 p.m. All Discipline Wrap Up Meeting
Discipline Graduation
- 5:30 p.m. Adjourn

Registration Deadline: September 9, 2011

No alcohol is permitted at this 4-H activity.

**2011 OKLAHOMA 4-H SHOOTING SPORTS
INSTRUCTOR WORKSHOP APPLICATION**

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

County: _____ E-mail: _____

Required auxiliary aids or services due to a disability (please specify): _____

You may only attend one discipline during the training, however, please rank your 1st, 2nd, and 3rd choices of disciplines to attend. (Rank only the disciplines you are willing to attend and serve as an instructor for in your county for a period of 1 year.) This will help us ensure you a space at the training.

____ Shotgun ____ Archery ____ Rifle/Pistol (Air & .22)

*Each county must have a county coordinator before allowing other disciplines

I have been certified in another 4-H Shooting Sports discipline between July 1, 2007 and now.

Discipline: _____ Year: _____

I understand that if accepted to attend this workshop, I am agreeing to serve as an instructor in the 4-H Shooting Sports program for a minimum of one year. I also understand that I will be expected to attend the total instructional period in order to become certified.

Signature of Applicant _____ Date _____

Signature of endorsement by County Extension Educator certifying the applicant is a 4-H Certified Volunteer in your county and has been selected to attend 4-H Shooting Sports Instructor Training.

Signature of Ext. Educator _____ Date _____

Mail signed registration form and registration fee to:

Oklahoma 4-H Conferences
Attn: Shooting Sports Workshop
205 4-H Youth Development
Stillwater, OK 74078

Registration and Payment must be received before **September 9, 2011** at:

Oklahoma 4-H Conferences
Attn: Shooting Sports Workshop
205 4-H Youth Development
Stillwater, OK 74078

Make checks payable to: **Oklahoma 4-H Conferences**

VOLUNTARY INFORMATION

To assist us in evaluating our efforts in Civil Rights and Affirmative Action compliance, we ask that you **voluntarily provide** the following information. You are under no obligation to do so, and no benefits or services by OCES will be affected by your decision regarding the disclosure of this information.

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PLEASE INDICATE THE RACIAL GROUP WITH WHICH YOU IDENTIFY:

Black White Hispanic Asian / Pacific Islander
 Native American Indian or Alaskan Native Other

DO YOU AFFILIATE WITH ANY NATIVE AMERICAN TRIBE

(a role number is not required for affiliation)

NO YES, if yes with which tribe? _____

FOR INDIVIDUALS WITH DISABILITIES WHO REQUIRE AUXILIARY AIDS OR SERVICES FOR PROGRAM PARTICIPATION, PLEASE PROVIDE A DETAILED DESCRIPTION OF NEEDS WHEN RETURNING THIS FORM. _____

IF NOT REQUESTED IN ADVANCE, IT MAY NOT BE POSSIBLE TO PROVIDE SOME AIDS AND SERVICES. REASONABLE EFFORT WILL BE MADE TO ACCOMMODATE INDIVIDUALS WHO REQUEST AUXILIARY AIDS OR SERVICES.



Oklahoma 4-H

Name _____

County _____

Event _____

ADULT EMERGENCY INFORMATION AND AUTHORIZATION FOR MEDICAL CARE Volunteer or Paid Staff Member

The purpose of this form is to give you an opportunity to provide information concerning your health in case of an emergency. **Please complete Section I so that we know who to contact in case of an emergency situation. Your completion of Sections II and III is optional.**

I. IDENTIFICATION

Name _____ Home Phone () _____
Last First Middle

Email Address _____

Date of Birth _____ Gender: Male Female

Home Address _____
Street/P.O. Box City State Zip

Emergency Contact _____
Name

Address _____ Home Phone () _____
Street/P.O. Box City State Zip

Relationship _____ Work or Cell Phone () _____

II. HEALTH HISTORY AND MEDICAL RECORD

(This section is optional and dates may be approximated.)

CHECK ALL THAT APPLY

Allergy to a medicine, food, plant, or insect toxin. Explain _____

Is participant allergic to the following drugs: Penicillin Sulfa Drugs Tetracycline Aspirin

List allergies to other drugs or allergens _____

Any condition that may require special care, diet or restriction of activities for medical reasons.

Explain _____

Asthma Heart Trouble Nose Bleeds Diabetes Convulsions Fainting Spells

Do you wear? Dentures Contact Lenses Other (Explain) _____

Is any medication, including medication for behavior modification, being taken at the present time? Yes No

If yes, explain _____

Date of most recent examination _____

Are you aware of any current health problems? Yes No If yes, explain _____

Is there any disease, accident, illness or past/present history related to the following? (If yes, please give dates and full details.)

	No	Yes	Year		No	Yes	Year		No	Yes	Year
Serious Illness/Injury	___	___	_____	Appendicitis	___	___	_____	Rheumatic Fever	___	___	_____
Surgery	___	___	_____	Kidney Infection	___	___	_____	Blood	___	___	_____
Ears, Eyes	___	___	_____	Back, Limbs	___	___	_____	Stomach	___	___	_____
Teeth, Tonsils	___	___	_____								

Immunizations	Last Yr. Given	Immunizations	Last Yr. Given	Have Had
Tetanus	_____	Measles	_____	___ Measles
Diphtheria	_____	Mumps	_____	___ Mumps
Polio	_____	Rubella	_____	___ Rubella
Hepatitis (A, B, or C)	_____	Varicella (Chicken Pox)	_____	___ Chicken Pox
(circle one/any)				___ Tuberculosis

Name of Physician _____ Phone () _____

Medical/Hospital Insurance _____
 Carrier _____ Policy or Group # _____

III. EMERGENCY MEDICAL RELEASE

I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, hospitalization or surgery. I further recognize and understand that there may be situations where I require immediate medical or hospital care, and it may not be possible to give my consent. In such situations, I give permission to Oklahoma State University or Langston University and its representative(s) or agent(s) to provide this medical history form to health care personnel. I further authorize a physician, surgeon, other health care provider, or dentist to exercise his/her professional judgment and assess the risks and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he/she in his/her professional judgment determines to be necessary for my health and safety, and I authorize any hospital, clinic, or other health care provider to provide reasonable and necessary medical treatment or supplies. I recognize that sickness and accident insurance may not provide full coverage for participants in this activity or event, and I accept responsibility for payment of those medical costs.

By signing below, I authorize the medical information on this form to be provided to any health care providers in case of an emergency.

*Signed: _____
 Volunteer or Paid Staff Member's Signature

Date: _____
 MM/DD/YY



Oklahoma 4-H

Name _____

County _____

Event _____

ADULT VOLUNTEER ACTIVITY AND EVENT FORM Volunteer Statement of Understanding, Publicity Release and Release of Claims

A Volunteer is a person who, of his/her own volition, gives his/her services without any express or implied promise or expectation of remuneration or compensation. I acknowledge that my services to the Oklahoma 4H Program, Oklahoma Cooperative Extension Service, Langston University, Oklahoma State University and/or 4-H event organizers are entirely voluntary, and I do not expect, nor am I entitled to, nor will the Program, Extension Service, Universities and/or event organizers pay or be responsible for, any wages, other compensation or remuneration, or any other benefit, including, but not limited to, workers' compensation insurance coverage.

I acknowledge that even though I am a Volunteer, it is my responsibility to conduct myself in a manner that will properly represent the Oklahoma 4-H Program. I further acknowledge that my services can be terminated at any time, without notice or reason, and that as a Volunteer, I am not guaranteed any future employment with the Program, Extension Service, Universities and/or event organizers, nor am I guaranteed any future Volunteer position.

Publicity Release:

I authorize the Oklahoma 4-H Program, Oklahoma Cooperative Extension Service, Langston University and/or Oklahoma State University to photograph, film, audio/video record and/or televise my image and voice, and, to reuse, publish, perform, reproduce, adapt, distribute, or transmit the same, in whole, in part, or in composite, through any medium, and for any purpose whatsoever, without restriction, and to use my name in connection therewith.

Assumption of Risk and Release of Claims:

Being fully familiar with the activities of the 4-H Programs, I further acknowledge that the performance of the volunteer work and participation in the activities involved in said work and/or events are not without some inherent dangers, hazards and risks of injury, including bodily injury and death. As such, I do hereby agree to assume all of the risks and responsibilities surrounding my volunteer activities and I do for myself, my heirs, and personal representatives hereby agree to release, waive, forever discharge and covenant not to sue the Oklahoma 4-H Program, the Oklahoma Cooperative Extension Service, Langston University, Oklahoma State University, the governing Board of Regents of the universities, and all officers, agents, and/or employees thereof from and against any and all claims, demands, and actions or causes of action on account of damage to personal property or personal injury or death which may result from the performance of my volunteer activities and/or my participation in the activities or events thereof. I further understand that any accident insurance policy, if any, carried by the 4-H Program or 4-H event organizers through American Income Life Insurance Co. or other insurance company will provide minimum coverage only, and I will be responsible for the costs associated with my care and treatment related to any such accident, injury or loss.

I acknowledge that I have read the above Understandings, Releases and Assumption of Risk and understand and agree with the statements contained therein and agree to be fully bound by the same.

Dated this _____ day of _____, 2011.

By: _____
Volunteer

Witness

Directions

Training will be conducted East of Stillwater at the **Payne County Fairgrounds**.

The fairgrounds are at the intersection of 6th Street (OK Highway 51) and Fairgrounds Road. The Fairgrounds are 3 miles East of the intersection of Perkins Road (US Highway 177) and 6th Street (OK Highway 51) on the North side of the highway.

Participants responsible for their own meals, lodging costs and reservations.