



Colorado 4-H Shooting Sports Ambassador Program

Application Packet

Deadline - December 1, 2012

Please be sure to read and understand the Colorado 4-H Shooting Sports Guidelines before completing this application form.

Complete and mail to Lacey Mann, Colorado 4-H Shooting Sports Ambassador Coordinator. An incomplete packet will not be considered. A completed packet includes the following:

1. Application Form
2. Resume
3. Essay
4. Certification Form
5. Code of Conduct
6. Health Form
7. High School Transcript
8. (4X6) Glossy Color Photograph & Digital Copy (jpg or tiff)
9. Two (2) Letters of Reference: a) extension agent (required),
b) shooting coach or instructor, c) school representative -
principal, guidance counselor or teacher, and d) a person
outside your family who knows you well.

Mail Completed Application Packet To:

Colorado State University Extension
Attn: Lacey Mann
Colorado 4-H Shooting Sports Ambassador Coordinator
1001 S. Main Street
Lamar, Colorado 81052
Email: lacey.mann@colostate.edu



Colorado 4-H Shooting Sports Ambassador Program

Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

County: _____ Club: _____

Date of Birth: _____ Age (as of December 31 of current Year): _____

Years in 4-H: _____

Grade in School: _____ Grade Point Average (GPA): _____

List Local Newspaper/Media Outlet: _____

Years in 4-H Shooting Sports:

_____ Archery _____ Air Rifle _____ Muzzleloading

_____ .22 Rifle _____ Air Pistol _____ Shotgun

The following information is to assure that any clothing ordered for you will fit properly. Standard shirt and blouse sizes are used, including neck, sleeve and length for gentlemen and standard blouse sizes for ladies.

Shooting Vest Size: (check) S ___ M ___ L ___ XL ___ XXL___ (these are men's sizes)

Dominance: Right ___ Left ___

Shirt/Blouse Size: _____ Neck _____ Sleeve Length _____



Resume

Your resume should be no more than three pages, single spaced with margins no less than 1 inch, and a font size no less than 12 point. Be sure to include your experiences in citizenship, leadership and public speaking.

Essay

“How do you encourage others to Join the 4-H Revolution?”

Write an essay with the above entitlement. Your essay should be no more than two pages, double spaced with margins no less or no more than one inch, and a font size no less or no more than 12 point.

References

2 Letters of Reference from:

- County Extension Agent/Educator responsible for the program - Required
- Coach or instructor from your club
- High School principal or counselor
- Person outside your family who knows you well
- Additional letters of support may be submitted but are not required

Mandatory Training

Mandatory training is tentatively scheduled January 7-8, 2012 in Denver. This training will incorporate public speaking, get-to-know you activities, team-building and time at the International Sportsman Expo booth. You will need to come with a prepared speech of 5 - 8 minutes in length. Your presentation topic should describe the life skills you have learned through involvement in 4-H Shooting Sports and how 4-H Shooting Sports taught you these skills. A written copy of your prepared speech should be turned in at the beginning of the Ambassador Training which is tentatively scheduled January 7-8, 2012 in Denver.

ACTIVITIES

Each Colorado 4-H Ambassador must attend four of the following activities:

- ✓ International Sportsman Expo - Denver - January 5-8, 2012
- ✓ Leadership Development Conference - Denver - January 28-30, 2012
- ✓ One State 4-H Leader Training Workshops - Varies Locations & Times
- ✓ Colorado 4-H Shooting Sports Campout - Victor - June
- ✓ State 4-H Conference - Fort Collins - June
- ✓ Two Days at State Shooting Sports Contest - Pueblo/Colorado Springs - August/September
- ✓ Local Donor/Supporter Functions - Varies Locations & Times
- ✓ Specific County Functions - Varies Locations & Times



Certification Form

I have reviewed the expectations of a Colorado 4-H Shooting Sports Ambassador and I am willing to devote the time required. I will be active in my club and county 4-H program, as well as maintain an acceptable academic standard in school during my service as a State 4-H Shooting Sports Ambassador. Further, I am willing to conduct myself in the highest standards expected of an Ambassador.

Applicant's Signature _____

Date

We (I) understand that our (my) son/daughter wishes to serve as a Colorado 4-H Shooting Sports Ambassador. We (I) will support him/her in fulfilling the responsibilities should he/she be selected.

Parent/Guardian Signature _____

Date

Parent/Guardian Signature _____

Date

We certify that the above named 4-H'er is enrolled, active and in good standing in our 4-H shooting sports club and county 4-H program. We support his/her application for the position of State 4-H Shooting Sports Ambassador.

4-H Club Leader Signature _____

Date

Extension Agent Signature _____

Date

Office Use Only:

State 4-H Shooting Sports Coordinator Signature _____

Date: _____



CSU Extension 4-H Youth Development Code of Conduct Acceptance/Agreement For Participation in Colorado 4-H Youth Development Events

County: _____ Event: _____

Legal name: _____ Address: _____

City: _____ Zip: _____ Phone: _____

Name of Parent/Guardian: _____

Emergency Telephone Numbers (h): _____ (w): _____

Telephone Numbers: (h): _____ (w): _____

Other name to contact if parent unavailable: _____

Program participants are expected to abide by the stated rules for Colorado 4-H Youth Development activities and events including, but not limited to:

- Conduct themselves in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship and provide a positive role model;
- Adhere to program rules, curfews, dress codes, policies and guidelines;
- Abstain from illegal and immoral behavior;
- Fully participate in scheduled activities;
- Respect property and privacy rights of others;
- Refrain from physical, verbal, or emotional abuse or neglect;
- Apply rules of safety to individuals, groups and property; and
- Accept personal responsibility for behavior.

Conduct not in keeping with Colorado 4-H Youth Development standards will not be tolerated. Violation of items listed above will result in consequences to the participant. Consequences may include removal, at the individual's expense and without refund, from participation in this event; restitution or repayment of damages; sanctions on participation in future Colorado 4-H Youth Development events; forfeiture of financial support for this event; removal from offices held; etc.

Age, office held in the Colorado 4-H Youth Development organization, presence of an adult or other perceived status is not grounds for behavior outside of established guidelines.

We understand the reason for this agreement is to ensure the safety of the 4-H participant and to ensure conduct and behavior that will result in each participant receiving the full benefit of enjoyment and educational experience from this event. It is not intended to place undue restrictions upon participants.

Member's signature: _____ Date: _____

Parent/Guardian's signature: _____ Date: _____



Health Registration Form

Name of Event: _____ Date of event: _____ to: _____

Legal Name: _____ Birth date: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Parent's or Guardian's Name: _____

Street address: _____ Phone: _____

(if different from child's)

City: _____ State: _____ Zip: _____ Cell Phone: _____

Place of employment: _____ Phone: _____

If neither parent or guardian can be located, in case of emergency call: _____

(include name and phone number) _____

Persons designated to take child from event: _____

(include name, address and phone if not listed above) _____

Persons not permitted to take child from event: _____

List communicable diseases and past history of serious lacerations, injuries and illnesses: _____

List any known allergies and drug reactions: _____

List any prescriptive or non-prescriptive medications which youth must take:

<i>Name of Medication</i>	<i>Dosage</i>	<i>Frequency</i>	<i>Prescribing Physician</i>
---------------------------	---------------	------------------	------------------------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Describe any special diets youth must follow:

Description of diet

Prescribing physician

_____	_____
-------	-------

_____	_____
-------	-------



Youth must have had a physical examination within the preceding 24 months by a licensed physician or a licensed nurse practitioner. The event has the right to refuse admission of a youth who does not have an examination verification.

Date of last physical examination: _____

Physician's Name: _____ Phone: _____

Attach Colorado Certificate of Immunization or complete the following:

<i>Vaccine</i>	<i>Month and year Each immunization was given</i>
Diphtheria-Tetanus-Pertussis (DTP or baby shots)	_____
Or	
Tetanus-Diphtheria (TD)	_____
Polio	_____
Measles (hard, red)	_____
Rubella (German measles)	_____
Mumps	_____
Other	_____

Authorization to participate or exclude participation in event activities: I give permission for my child to participate in all event activities with the following exceptions:

Authorization for medical care: I hereby give my permission to event officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____, should an emergency arise. It is understood that event officials will make a conscientious effort to locate the emergency contacts listed on this document before any action will be taken. If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

Insurance Company: _____ Policy #: _____

Subscriber Name and address: _____

Parent's or Guardian's signature: _____ Date: _____