

November 16, 2009

MEMORANDUM

TO: Agents Responsible for 4-H

FROM: Jean M. Woloshuk
Extension Specialist, 4-H Youth Agriculture

SUBJECT: 2010 State 4-H Shooting Sports Instructors' Training Weekend

This letter is in regards to the 2010 State 4-H Shooting Sports Instructors' Training Weekend. Please read this information carefully to start your planning for the event and follow-up with the information needed for pre-registration. Please share the information with your co-workers who may have an interest in the program.

Please note the following in certification requirements: All participants attending the weekend training, must successfully complete the instructor training sessions administered by the State 4-H Shooting Sports Committee and demonstrate competent knowledge of curriculum material and instructional techniques to be measured through a written test and teaching practicum. A minimum score of 70% is required on the test and practicum.

The event will be held in conjunction with the 4-H University Weekend (formerly State 4-H Volunteer Leaders' Crafts and Camping Weekend), February 19-21, 2010 at WVU Jackson's Mill. **The event is a separate event and will overlap with the 4-H University Weekend schedule - except for meals.** Therefore, Shooting Sports participants will not be able to participate in other 4-H University Weekend activities. Participants need to understand this prior to registering for the State 4-H Shooting Sports Instructors' Training Weekend.

The purpose of the State 4-H Shooting Sports Workshop is to certify adult volunteer leaders who wish to become instructors to teach in their respective counties. Adult volunteer leaders over 18 years of age (must be 18 years of age on or before January 1, of the current year). Each person attending can be certified in only one area of competency at this workshop. Each participant can only register for one of the following disciplines: Air Pistol, Air Rifle, Archery, Shotgun and Black Powder. **A minimum of 5 persons per discipline is required to offer the discipline and avoid cancellation. A participant must attend all sessions to become certified.** The instructor in each class reserves the right not to certify a person if he/she feels the candidate will not be a competent instructor. Each participant should bring outdoor clothing to cope with rain or cold weather. All equipment needed for each discipline will be furnished.

The cost for the weekend is \$96.00, for full-time residents (meals, breaks, and dorm lodging). The cost for the weekend of a full-time participant with meals, breaks, and no lodging (commuting) is \$46.00. Each County is allowed two full scholarships to be used at 4-H University and/or State 4-H Shooting Sports Instructors' Training Weekend. The allocation of this money will be done by the Extension office. Deadline for scholarships for this event is Tuesday, January 19, 2010.

All checks must be made payable to **West Virginia University Foundation, Inc.** and include the social security number, daytime phone number, and home phone number of the person who signs the check. Completed forms are to be mailed to: **2010 State 4-H Shooting Sports Instructors' Training (4-H University), 618 Knapp Hall; P.O. Box 6031, Morgantown, WV 26506-6031.** Also enclosed is a

Voluntary Adult Health Statement that is to be completed and signed by the adult participant. This form is due with the other registration forms. This information will be kept confidential and destroyed following the event.

The tentative schedule for the weekend is as follows:

Friday, February 19, 2010

Prior to the start of our program at 7:00 p.m., all participants upon arrival at WVU Jackson's Mill should report to the registration office for meals and lodging information.

- | | |
|-----------|--|
| 7:00 p.m. | General Assembly – WV Building |
| | <ul style="list-style-type: none">• Welcome• Why am I Here?• 4-H Philosophy on Shooting Sports• Home Firearms Safety• Risk Management• Announcements• Meet Instructors Range Etiquette |
| 9:45 p.m. | Refreshments |

Saturday, February 20, 2010

- | | |
|----------------|--|
| 7:30 a.m. | Breakfast - Dining Hall |
| 8:30 a.m.-noon | Discipline Instruction (Break determined by Discipline Instructor) |
| 12:15 p.m. | Lunch - Dining Hall |
| 1:30-5:00 p.m. | Discipline Instruction (Break determined by Discipline Instructor) |
| 6:00 p.m. | Dinner - Dining Hall |
| 7:00 p.m. | Discipline Instruction |
| 8:30 p.m. | General Assembly - WV Building |
| | <ul style="list-style-type: none">• Ages and Stages of Youth Development |
| 10:45 p.m. | Refreshments |

Sunday, February 21, 2010

- | | |
|----------------|-------------------------|
| 8:00 a.m. | Breakfast – Dining Hall |
| 8:30 a.m.-11am | Discipline Instruction |
| 11:00am-Noon | Wrap-up – WV Building |
| Noon | Homeward Bound |

If there are questions, please contact me at (304) 293-6131, ext. 4238. Thanks for your support and cooperation.

JW/bc

Enclosures: 2010 State 4-H Shooting Sports Instructors' Training (4-H University) Registration Form
Adult Voluntary Health Statement

c: State 4-H Shooting Sports Committee

Karen Wilfong, Pat Nestor, Debbie McDonald, Jennifer Williams, Lindsey Kalivoda, Marsha Price

STATE 4-H SHOOTING SPORTS INSTRUCTORS' TRAINING WORKSHOP

State 4-H Contact: Jean Woloshuk

PURPOSE: To certify adult volunteer leaders who wish to become instructors to teach in their respective counties. Each person attending can be certified in only one area of competency at this workshop.

WHO CAN ATTEND: Adult volunteer leaders, over 18 years of age (must be 18 years of age on or before January 1, of the current year). Agents must sign the pre-registration form to verify participants. All participants attending the weekend training, must successfully complete the instructor training sessions administered by the State 4-H Shooting Sports Committee and demonstrate competent knowledge of curriculum material and instructional techniques to be measured through a written test and teaching practicum. A minimum score of 70% is required on the test and practicum.

WHEN: Feb. 19-21, 2010

WHERE: WVU Jackson's Mill

COST:

\$96.00 for full-time participants (Meals- Saturday breakfast, lunch, dinner; Sunday breakfast, breaks, and dorm lodging) or \$46.00 for commuting participants with meals (Meals- Saturday breakfast, lunch, dinner; Sunday breakfast; breaks, and no lodging).

Scholarships - each county is allowed two full scholarships to be used at 4-H University and/or State 4-H Shooting Sports Instructors' Training Weekend. The allocation of this money will be done by the Extension Office. The scholarships can be used for both those attending the 4-H University Weekend and/or State 4-H Shooting Sports Instructors' Training Weekend.

Please make checks payable to: WVU Foundation, Inc.

Mail to: WVU Extension Service, 2010 State Shooting Sports Instructors' Training & (4-H University) Weekend, 618 Knapp Hall, PO Box 6031, Morgantown, WV 26506-6031.

REGISTRATION:

Prepaid registration will be required. The pre-registration postmark deadline is Tuesday, January 19, 2010.

REFUNDS: Cancellations and Refund requests must be in writing and must be postmarked, emailed or faxed to Knapp Hall by January 19, 2010. There will be a \$15.00 Processing Fee For All Refunds. If payment was made by check, the WVU Foundation requires the name, SSN, and telephone number of the person who signed the check in order to process a refund. To facilitate your refund, please include this information in your written cancellation. **NO REFUNDS** will be made for no-shows!

PROGRAM: The program will start on Friday evening and close before noon on Sunday. A detailed program will be mailed at the appropriate time. A participant must attend all sessions to become certified. The instructor in each class reserves the right not to certify a person if he/she feels the candidate will not be a competent instructor. Members of the State 4-H Shooting Sports Committee will be teaching workshop.

Return this form and payment to your agent by the date specified.

**STATE 4-H SHOOTING SPORTS
INSTRUCTOR TRAINING
WVU JACKSON'S MILL February 19-21, 2010**

Please PRINT! Fill in all items not marked CONFERENCE OFFICE USE. Obtain your agent's signature before mailing this form.

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ DAY PHONE: _____

GENDER: MALE FEMALE E-MAIL ADDRESS: _____

_____ CHECK HERE IF YOU HAVE MADE ARRANGEMENTS FOR PRIVATE LODGING.

CANCELLATION/REFUND POLICY: CANCELLATIONS MUST BE MADE IN WRITING AND E-MAILED/ FAXED/ POSTMARKED TO KNAPP HALL BY JANUARY 19, 2010. **NO REFUNDS FOR NO-SHOWS!!!**

Check the one program in which you will certify:

_____ Air Pistol _____ Air Rifle _____ Archery
_____ Black Powder _____ Shotgun

Conference Packages:

Full time resident *includes lodging, meals & breaks*..... \$96.00 \$ _____

Full-time commuter *includes meals & breaks, no lodging*..... \$46.00..... \$ _____

Amount of scholarship (if any): \$ _____

Amount due: \$ _____

MAKE CHECKS PAYABLE TO: WVU Foundation, Inc.

EXTENSION AGENT VERIFICATION: This person has completed a Volunteer Application Form and it is on file in the county office.

Agent's Signature: _____ Date: _____

**RETURN TO: WVU Extension Service, State 4-H Shooting Sports Instructors' Training
Weekend, 618 Knapp Hall, PO Box 6031, Morgantown, WV 26506-6031 fax: 304-293-7599**

CONFERENCE OFFICE USE Check _____ Visa MasterCard Discover Diners
Club Money Order _____

Payment Name: _____ Amt. Due _____

Payment Number: _____ Amt. Received _____

Expiration Date: _____ Balance Due _____

Signature: _____ Refund

Due: _____



4-H University/State 4-H Shooting Sports Scholarship Form to be completed by county Extension office:

Educational Track Scholarships for _____		County
Educational Track	Volunteer's Name	Scholarship Amount
Essential Elements		
Clover Bud		
Recreation/Team Building		
Power of Projects		
4-H Set-Robotics and Podcasting		
Be the "E" – Entrepreneurship		
Science of Energy-NASA Science Training		
International		
4-H Shooting Sports		

Click to Box Form, Double Click in Box to Obtain Health Form



4-H-904-04

Health History Form: 4-H Camps, Events, and Activities

Provide complete information and return this form with event registration. At event arrival, update information with health personnel.

Name _____
Last First Middle

Home address _____
Street address City State Zip

Gender: Male Female Birth date ____/____/____ Age at event _____

CUSTODIAL PARENT/GUARDIAN _____ Phone _____
Name

Home address (if different from above) _____
Street address City State Zip

Home phone () _____ Work phone () _____ Other () _____

SECOND PARENT OR GUARDIAN OR EMERGENCY CONTACT _____
Name

Address _____ Phone _____
Street address City State Zip

If not available in an emergency, notify _____
Name

Relationship _____ Phone _____ Address _____
Street address City State Zip

INSURANCE INFORMATION: Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

Insurance carrier address _____ Phone number _____

ALLERGIES: List all known. Describe reaction and management of the reaction.

Medication allergies (list) _____ Food allergies (list) _____ Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc. _____

Does not eat: Red meat Pork Dairy products Poultry Seafood Eggs Other (describe) _____

PERMISSIONS: *Important – This section must be completed for child to attend.*

My child has my permission does not have my permission to attend
 has my permission does not have my permission to participate in swimming
 should not participate in the following activities _____

<p>I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. I understand the State of West Virginia, West Virginia University, its Board of Governors, officers, employees, and agents are not liable in case of accidental injury or illness. I hereby further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I hereby give permission for emergency treatment or surgery as the attending physician recommends.</p> <p>This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp</p>	<p>to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.</p>
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Signature of parent _____ Date _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of camper/staffer _____ Date _____