



4-H Shooting Sports

Leader Certification Workshop

March 23-25, 2012

Iowa 4-H Center
Madrid, Iowa

“Taking Aim at Youth Development”

4-H Shooting Sports is a youth development educational program that uses the skills and disciplines of shooting to assist young people and their leaders in obtaining knowledge and developing skills. Development of skills within the shooting disciplines as well as “Life Skills” is implicit in the program curriculum. Shooting sports appeals to young people and volunteers from a wide range of urban and rural backgrounds.

This workshop is not about increasing the personal shooting skills of adult volunteers. It is about helping adult volunteers be successful in leading a youth shooting program.

Adults will learn:

- ✓ About 4-H
- ✓ About kids
- ✓ About a shooting discipline
- ✓ How to teach basic shooting or wildlife skills to kids
- ✓ How to focus on youth

Shooting Sports is one of the fastest growing 4-H programs in many states with an estimated 300,000 youth participating nationally. Shooting sports programs have proved effective in retaining older youth in 4-H and in helping correct the gender “gap.” There are myriad opportunities within the 4-H program as well as other venues at the local, state, and national level.

A participant in the workshop will spend the entire weekend training within one discipline. Disciplines offered are:

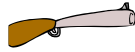
- Coordinator
- Archery
- Shotgun
- Rifle (small bore and/or air)
- Muzzleloading
- Wildlife Skills

The 4-H Shooting Sports program does not recognize the certification from other governing bodies because of the youth development component built into the 4-H training program.

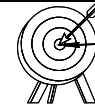
For adult volunteers who care for both youth and the shooting/hunting heritage, this workshop is a great opportunity to get involved in the best youth shooting program in the country. If we are to have an Iowa 4-H Shooting Sports program, Iowa 4-H needs **YOU!**

Make it a priority to attend!

Check our new website at: <http://www.extension.iastate.edu/4h/projects/shootingsports>



Leader Certification Workshop



(Tentative
Schedule)

Iowa 4-H Center – Madrid, Iowa
March 23-25, 2012

(Note: Past participants do not need to attend Friday night.)

Friday, March 23

- 5:30-6:30 p.m. Registration Information/Supper (Location: Linden Lodge)
7:00-10 p.m. Welcome (Linden Lodge)
4-H is Positive Youth Development
4-H 101
How we teach – Experiential Learning: Do-Reflect-Apply
Spotlight on 4-H: 4-H Center; 4-H Military Kids
Basic 4-H Policies

Saturday, March 24

- 7-7:45 a.m. Breakfast (Location: Linden Lodge)
7:30 a.m. Registration for past participants (Location: Linden Lodge)
7:45 a.m. Introduction of discipline instructors and daily overview
8:00 a.m. Discipline Training
Archery (Location: Farm Bureau Room, Linden Lodge)
Rifle (Location: BBQ Shelter/Linden Lodge)
Coordinator (Location: Cedar)
Shotgun (Location: Elm)
Muzzleloading (Location: Oak)
Wildlife Skills (Location: North Elm or Birch)
Noon Lunch (Location: Linden Lodge)
1:00 p.m. Discipline Training Classroom and Range
6:00 p.m. Supper, Donor Thank You's (Location: Linden Lodge)
7:00 p.m. Youth and Adult Partnerships
Ages and Stages of Youth Development
How 4-H Clubs Work
Policies and Procedures
Risk Management Update
Project Modules

Sunday, March 25

- 7:00 a.m. Breakfast
8:00 a.m. Discipline groups (test) - classroom
Discipline Practicum Sessions: (Choose 1 discipline)
10:00 a.m. Rifle, Archery, or Wildlife Skills
Shotgun or Muzzleloading
12:00 p.m. Lunch and Awards (Location: Linden Lodge)
. Session will end at 1:30 p.m. on Sunday

Cost: \$140 (includes 6 meals, breaks, and workshop materials if registration is postmarked by March 9, 2012, \$155 if registration is postmarked from March 10-16)

Registration is required by: March 16, 2012

To attend volunteers must **complete** all four parts of the 4-H Child Protection and Safety Policy screening process **by the registration deadline**. Contact your county Extension Office to fill out the forms. If background checks for registered participants **have not been completed by this date, the county extension office will be charged an additional \$10 for each incomplete screening**. The county will still need to complete the official CPSP process and pay any required fees.

Send registration to Iowa 4-H SESS Program, Extension 4-H Youth Building, Ames, IA 50011-3630. **Make check payable to: Iowa 4-H Foundation.**

For more information, call your County Extension office or the Shooting Sports coordinator (Bryan Whaley, 515/332-2201).

County Extension Councils are encouraged to assist volunteer leaders attending the Certification Workshop by providing partial or complete sponsorship of the fee. Funds from local sources and **Brownells**, and the **National Wild Turkey Federation** are used to reduce the cost to the volunteer.

What is the workshop all about?

The workshop will be composed of 18 hours of training. Twelve hours of that time will be for a specific discipline with the 4-H Shooting Sports project area. Training will cover the curriculum and lesson plans from the National 4-H Shooting Sports program, opportunities to teach to your peer group, or youth and a range practicum. The philosophy and principles of working with 4-H youth is a critical part of the training.

Requirements

A certified leader (instructor) must be at least 21 years of age. A certified leader may not have any felony convictions or any fish and game law violations within the past two years. **All attendees must have completed all 4 parts of the Iowa 4-H Child Protection Screening Process (DOT, DCI, Child Abuse, and Sex Abuse Registry) to be eligible to attend. The State 4-H Office maintains a database with the results of the first three screenings, but not the Sex Abuse Registry, which is county specific. Screening takes up to six weeks to complete.**

Options

A participant must select only **ONE** of the following disciplines in which to receive training. It is suggested that leaders from a county coordinate efforts and cover as many different disciplines as possible. **If a county doesn't currently have a coordinator and wants to participate in this training, at least one of its leaders must attend the Coordinator discipline.** Discipline choices are:

- Coordinator (<http://www.extension.iastate.edu/4H/SESS/Documents/SESSCoordinatorJobDescription.pdf>)
- Rifle (.22, BB, pellet) (<http://www.extension.iastate.edu/4H/SESS/Documents/SESSDisciplineInstructorJobDescription.pdf>)
- Archery
- Shotgun
- Muzzleloading
- Wildlife Skills

Think County Programs

Suggested guidelines recommend that programs be "county club" programs. One reason involves leader recruitment. The best programs are run as county programs which allow leaders to specialize in a discipline rather than having to cross certify in several disciplines in order to meet the needs of 4-H members. County programs also allow for coordination of resource development - cash or equipment. Instructors in county-wide programs are also less likely to "burn out." In addition, a county program relies on several leaders and is therefore more easily maintained from year to year.

Cost: \$140 if registered or postmarked by March 9, 2012, \$155 if registered from March 10-16.

Get your registrations in early as some disciplines may fill. Total registration limited to no more than 20 people in any discipline.

Lodging Notes

Iowa 4-H Center is a rustic residential youth camp. Please bring sleeping bag, pillow, towel, toiletries, soap, and flashlight. All meals and lodging are provided.

Directions to Camp

From Ames: Proceed west from Ames on Highway 30 to Highway 17. Go south to Luther. Turn west on county road E57 for 2.6 miles to the third road going south. Turn left onto Peach Avenue and follow the road to the 4-H Center.

From Des Moines: Proceed north and west from Des Moines 30 miles on Highway 141 and Highway 17 to Luther. Turn west on county road E57 for 2.6 miles to the third road going south. Turn left onto Peach Avenue and follow the road to the 4-H Center.

A map and direction are available at:

<http://www.extension.iastate.edu/4hcenter/mapdirections/pdf/DirectionsTo4H.pdf>



Registration Form



4-H Shooting Sports Leader Certification Workshop
March 23-25, 2012 ~ Iowa 4-H Center, Madrid, Iowa

First Choice:
(check one)

- Coordinator
- Rifle
- Shotgun
- Archery
- Muzzleloading
- Wildlife Skills

Registration before March 9, 2012 - \$140
Registration from March 10-16, 2012 - \$155

Register early - total registration limited to no more than 20 in any discipline. If you have completed a prior discipline, you are not required to attend the Friday night session. If both spouses are attending the training and would like to room together, let us know so arrangements can be made. Please note any other special room assignments which may need to be accommodated. All attempts will be made to accommodate these special requests, but due to limited facilities no guarantees can be made.

County _____

Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

Gender Male
 Female

E-mail address _____

List any special dietary needs. _____

4-H ACTIVITY/EVENT ACCEPTANCE FORM

All participants (adult and youth) must observe the following guidelines for conduct:

1. Participate fully in all sessions.
2. Show respect for property and facilities used during the activity and assume financial responsibility for any damage they cause.
3. Observe the established schedule, including Camp grounds rules and policies.
4. Appropriate and courteous behavior is expected. Swearing and obscene gestures are not permitted. All other participants (guests, chaperons and visitors) should be treated with respect and common courtesy.

I understand and accept the responsibility for following the above guidelines and understand that failure to do so will result in dismissal from the event or activity. Further, I accept financial responsibility for damages to property or materials, travel costs, and/or program costs which might result from violation of this agreement.

Both as to myself and my heirs and personal representatives, I release all 4-H officials, **volunteer instructors, County Extension Council, State 4-H staff, local extension staff, and Iowa State University from Liability for any accidents** while attending or participating in this event. I will be bound by all rules and regulations while participating in said event.

Signature

Date

IOWA STATE UNIVERSITY
Extension and Outreach

... and justice for all
The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410, or call 800-795-3272 (voice) or 202-720-6382 (TDD). USDA is an equal opportunity provider and employer.

Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Cathann A. Kress, director, Cooperative Extension Service, Iowa State University of Science and Technology, Ames, Iowa.



Iowa 4-H Medical Information/Release Form (Adult)

_____ Year

If original on file in County Office is current, a copy of that form may be sent instead of completing a new form.

PARTICIPANT INFORMATION

Participant's Name _____
Permanent Address _____ Date of Birth _____ Gender _____
City, State, Zip _____ Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

<u>Person to Contact First</u> Name _____ Relation to Participant _____ Daytime Phone _____ Evening Phone _____ E-mail _____ Name of Family Doctor _____ Name of Dentist _____	<u>Backup Contact (Relative or Friend)</u> Name _____ Relation to Participant _____ Daytime Phone _____ Evening Phone _____ E-mail _____ Office Number _____ Office Number _____
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INSURANCE POLICY INFORMATION

The above-named participant is covered by health insurance. Yes** No*

* If no, initial this line stating that you do not have health insurance and are aware that Iowa State University/University Extension/4-H does not carry any health insurance for you. _____

** If yes, provide the following information which is required by Iowa State University to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____
Address _____ Relation to Participant _____
City, State, Zip _____ Occupation _____
P.H.'s Employer's Name/Address _____
Insurance Company Name _____
Policy # _____ Plan # _____

Health Information (Please Print)

Do you have any of the following conditions or a history of any of the following conditions? (**Check all that apply.**)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Convulsions/seizure | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic bone, muscle or joint injuries |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Other condition(s): (Please list) _____ | |

Allergies or reactions: (**Check all that apply.**)

- | | | | | |
|---|---|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Dairy | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Insect bites or stings | <input type="checkbox"/> Ivy/oak/sumac toxins | <input type="checkbox"/> Other (list) _____ | | |

Are you currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.)

.....
Date of last tetanus shot (approximate if necessary): _____

(over)

TO BE READ AND SIGNED BY PARTICIPANT

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the ISU Extension staff member or volunteer at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

Participant Signature

Date

I understand that I must be healthy and reasonably fit in order to safely participate in ISU Extension/4-H activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect my ability to participate safely.

MEDICAL EMERGENCY PERMISSION*

The health history is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the ISU Extension staff or volunteer to provide routine health care and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for myself, I give permission to the physician/hospital selected by the ISU Extension staff or volunteer to secure and administer treatment for me, including hospitalization. (*If you cannot sign this section of the form for any reason, contact the County Extension Director regarding a legal waiver in order to attend and participate.)

_____ initial _____ date

PUBLICITY/IMAGE/VOICE PERMISSION

The Iowa State University Extension 4-H Program normally takes photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you. Unless you request otherwise, your initial below will be considered permission for Iowa State University and the 4-H Program to photograph, film, audio/video tape, record and/or televise your image and/or voice for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using your image or voice in this manner, please notify the ISU Extension staff member or volunteer. _____ initial _____ date

TRANSPORTATION PERMISSION

I understand that if personally-owned vehicles are used as transportation to and from Iowa State University Extension (ISUE) and 4-H events or activities, that the owner of the vehicle is responsible for any liability that might occur during the transportation. ISU does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Iowa.

_____ initial _____ date

4-H ASSUMPTION OF RISK AND RELEASE OF LIABILITY (*Please read carefully.*)

I understand that ISUE project activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and its 4-H program will provide each participant with reasonable care, but that ISU cannot guarantee that I will remain free of injury. I nonetheless wish to participate in the ISU Extension event/activity and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents of the State of Iowa, ISU and ISU Extension and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my participation in the ISUE program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

Participant Signature

Date