4-H Shooting Sports Policy Guide
The Arkansas Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, sex, gender identity, sexual orientation, national origin, religion, age, disability, marital or veteran status, genetic information, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer.
Mission

The mission of the 4-H Youth Development program is to help children, youth, and families realize their full potential and to improve the quality of life for Arkansas children, youth and families. The 4-H youth development program provides opportunities for youth to acquire knowledge, develop skills, form attitudes, and practice behavior that will enable them to become self-directing, productive, and contributing members of society.

4-H Year

The 4-H year is from October 1 of the current calendar year to September 30 of the following calendar year.

4-H Educational Philosophy

The phrase “Learning by Doing” sums up the educational philosophy of the 4-H program. Young people learn best when they are involved in their learning.

4-H Pledge

The pledge tells what 4-H is about. The 4-H goal is the four-fold development of youth: Head, Heart, Hands and Health. The pledge was adopted by the delegates of the 1927 National 4-H Club Camp in Washington, D.C. State club leaders voted for and adopted the pledge for universal use. The phrase “and my world” was added in 1973. The saying of the pledge has a prominent place in 4-H activities; at regular 4-H meetings, achievement days and other club events.

I Pledge my Head to clearer thinking, my Heart to greater loyalty, my Hands to larger service, and my Health to better living, for my club, my community, my country, and my world.
I. Arkansas 4-H Shooting Sports Policy Statement

The Arkansas 4-H Shooting Sports program is an educational program of the University of Arkansas Division of Agriculture Cooperative Extension Service. As an Arkansas 4-H youth development program, 4-H Shooting Sports adheres to the Arkansas state 4-H policies and those policies established explicitly for the 4-H Shooting Sports program.

This program has the potential of reaching youth and adult audiences who do not currently participate in other 4-H programs. The program is modeled after the National 4-H Shooting Sports program. The primary goal of the Arkansas 4-H Shooting Sports program is youth development, but it also places emphasis on teaching young people to safely and appropriately handle firearms and archery equipment. It encompasses the instructional disciplines of archery, rifle, pistol, shotgun, black powder/muzzle loader, compass and orienteering, hunter education, and wildlife education. Instructor certification is offered through state and national 4-H Shooting Sports training programs.

Prior to receiving 4-H Shooting Sports Instructor certification, or participating in the Arkansas 4-H Shooting Sports program, volunteers must complete the Arkansas 4-H youth development application/screening.

All Arkansas 4-H Shooting Sports clubs must have certified 4-H Shooting Sports instructors in disciplines in which the club practices and/or competes. All 4-H shooting activities must be directly supervised by an Arkansas 4-H Shooting Sports certified instructor.

If a program divides the participants into groups for concurrent shooting sessions, each group must be under the on-site supervision of an Arkansas 4-H certified Shooting Sports instructor, teaching in only the discipline in which he/she holds certification. Associate instructors and other 4-H adult volunteers must be under the direct physical supervision of an Arkansas 4-H Shooting Sports certified instructor while engaged in any activity which involves the use of firearms and/or archery equipment.
II. Program Philosophy

Youth development and safety are the major goals of the 4-H shooting sports program. The program is utilized as a vehicle for human growth and development. The 4-H Shooting Sports program is an excellent way to provide life-skill development and to establish positive relationships among youth and adult volunteers.

Why does Arkansas 4-H have a shooting sports program?

The 4-H Shooting Sports program uses skills and disciplines of safe and ethical shooting, conservation and hunter education to help young people and their leaders attain knowledge and develop essential life skills.

The program is designed to:

- Enhance self-confidence, personal development, discipline, responsibility, and sportsmanship.
- Create an appreciation and understanding of natural resources.
- Provide volunteer instructors safe and proper instructional techniques and methods to teach youth.
- Give youth thorough, safe instruction and training in the use of firearms and archery equipment.
- Enhance and provide an environment for positive communications and interactions between youth and adult leaders.
- Be FUN for all participants.

III. Program Objectives

The 4-H Shooting Sports education program strives to enable young people to become responsible, self-directed and productive members of society. This program instills knowledge, skills and attitudes which develop human capital, using the subject matter and resources of the land-grant universities.

Educators, volunteers, instructors, and coaches must understand the goals and objectives of the 4-H Shooting Sports program in order to manage or present it
properly. The specific goals and objectives of the 4-H Shooting Sports program are consistent with those of the 4-H program and include, but are not limited to, the following:

1. To develop life skills in youth that includes but is not limited to self-discipline, decision-making, goal setting, teamwork, problem solving, safety, and critical thinking.

2. To enhance development of self-concept, character, personal growth, and life skills through safe, educational and socially acceptable involvement in shooting activities.

3. To teach safe and responsible handling and storage of firearms and archery equipment.

4. To promote the highest standards of safety, sportsmanship and ethical behavior.

5. To encourage understanding and participation in natural resources and related natural science programs.

6. To expose participants to the broad array of vocational and lifelong avocation activities related to shooting sports.

7. To strengthen families through participation in lifelong recreational activities.

8. To complement and enhance the impact of existing safety, shooting, and hunter education programs using experiential education methods and progressive development of skills and abilities.

9. To develop leadership qualities in youth and adult participants.

10. To expand the 4-H program and involve additional 4-H adult volunteers.

11. To provide 4-H adult volunteers with instructor training and certification in shooting sports, and to provide advanced training in the various shooting sports disciplines.
12. To maintain a 4-H Shooting Sports committee of state and nationally trained and certified instructors, program coordinators, volunteer leaders, and representatives of sponsoring agencies and organizations.

IV. Operational Principles

A. The 4-H Shooting Sports program is committed to providing equal opportunity in educational programs, activities, and services on a non-discriminatory basis and without regard to race, color, sex, gender identity, sexual orientation, national origin, religion, age, disability, marital or veteran status, genetic information, or any other legally protected status. Age is based on January 1 of the current calendar year.

B. In the interest of safety, instructors have the right to remove any participants from a shooting activity engaging in risky behavior.

C. Adult volunteers and county Extension agents who are responsible for supervising or training youth about firearms and/or archery equipment must be certified as an Arkansas 4-H Shooting Sports instructor. All remaining adult volunteers (who are not certified by the 4-H Shooting Sports Program) and 4-H Shooting Sports Teen Leader Apprentices must be under the direct physical supervision of a certified 4-H Shooting Sports instructor while engaged in an activity which involves the use of firearms and/or archery equipment.

D. The 4-H Shooting Sports program can be taught only as a 4-H club, 4-H SPIN group or 4-H special interest/project group.

E. Competitive shooting events are optional and not the main objective of the program.

F. Inter-agency cooperation, collaboration, and participation are strongly encouraged.

G. All youth and instructors in the 4-H Shooting Sports program are required to successfully complete the Arkansas Hunter Education course sponsored by the Arkansas Game & Fish Commission prior to participating in competitive events or instructor training. It is strongly recommended that
participants complete the course before or shortly after enrolling in a county 4-H Shooting Sports program.

H. All youth participants in the Arkansas 4-H Shooting Sports program are required to adhere to the Arkansas 4-H code of conduct.

I. All volunteers in the Arkansas 4-H Shooting Sports program must adhere to the Arkansas Volunteer Code of Conduct.

V. Program Administration

The Arkansas 4-H Shooting Sports program is administered by the University of Arkansas Division of Agriculture, Cooperative Extension Service. Daily operations and oversight is provided through the Arkansas 4-H Youth Development Department and the State 4-H Shooting Sports Coordinator with assistance from the Arkansas 4-H Shooting Sports advisory committee. The committee serves as an action group to bring volunteer leaders, Extension educators, 4-H programming staff, and departmental faculty, 4-H youth, and community representatives together, to continually monitor and assess the 4-H Shooting Sports program.

The Arkansas 4-H Shooting Sports committee will convene twice annually and must consist of the following members:

- The Arkansas 4-H Shooting Sports Coordinator
- A designated 4-H Youth Development State Staff Member
- A designated County Extension agent (who is a certified 4-H Shooting Sports instructor) from each Extension district appointed by respective district directors
- Nationally trained 4-H volunteer Shooting Sports instructor in each shooting sports discipline
- A Volunteer Shooting Sports Instructor

Members of the committee serve a three year term which is subject to renewal.
VI. Volunteer staff/instructor certification requirements

The Arkansas 4-H Shooting Sports program requires the use of certified instructors to supervise or train participants. **The primary training guide of the Arkansas 4-H Shooting Sports program is the National 4-H Shooting Sports curriculum.**

No person will be certified by the Arkansas 4-H Shooting Sports program until that person meets all guidelines outlined in the Arkansas 4-H Policy Manual for Arkansas 4-H direct volunteers listed below:

1. Official enrollment in 4-H. This is achieved through annual enrollment in 4HOnline (https://ar.4honline.com) and must also indicate in enrollment process that they are a volunteer.
2. Clearance every five years through the Youth Protection Screening process:
   - Clearance using the “Authorization for Release of Confidential Information contained within the Arkansas Child Maltreatment Central Registry.”
   - Clearance using the Youth Protection Screening procedure through 4HOnline during the enrollment process.
3. Completion of the Arkansas Department of Human Services online Mandated Reporter Training.
4. Completion of a minimum of 4 credit units of leader training per year.
5. Any volunteers providing an overnight experience are required to participate in the 4-H Overnight Chaperoning Training.
6. Physically or digitally signing the “Arkansas 4-H Volunteer Agreement and Expectations.”

In addition to the Arkansas 4-H direct volunteer requirements, 4-H Shooting Sports instructors must also successfully complete the Arkansas Hunter Education Course sponsored by the Arkansas Game & Fish Commission.

County Extension agents and adult volunteers who work directly with 4-H youth or other adult leaders in the 4-H Shooting Sports program must be certified as an Arkansas 4-H Shooting Sports instructor. Advanced discipline training is offered periodically.

A certified 4-H Shooting Sports Leader **MUST BE 4-H CERTIFIED IN EACH DISCIPLINE THAT HE/SHE IS INSTRUCTING.**
4-H direct volunteers and CES personnel are required to successfully complete Arkansas 4-H Shooting Sports instructor training prior to working with youth in the 4-H Shooting Sports program.

4-H Shooting Sports Instructor – Level 1: Fifteen-hour training course certifies county Extension agents and adult volunteers (including club leaders, coaches, and trainers) to supervise and teach 4-H youth about shooting sports. Teen Leader Apprentices may also complete this training. Prerequisites are completion of an Arkansas Hunter Education Course and 4-H Shooting Sports instructor application prior to training. Course content includes youth development, range safety, risk management, and live-fire instruction.

4-H Shooting Sports National Instructor – Level 2: Level 1 4-H Shooting Sports instructors become nationally certified (Level 2) by completing a week-long National 4-H Shooting Sports workshop focusing on one discipline. These Instructors are qualified to teach youth and adults in shooting sports programs, including certification of Arkansas Level 1 Shooting Sports instructors.

The 4-H Shooting Sports program recognizes credentials issued by these and other agencies and organizations that provide training in safe range operation:

- American Trap Association
- Arkansas Bow Hunters Association
- Arkansas Game and Fish Commission
- Arkansas Muzzleloader Association
- Arkansas National Guard
- Military Range Officer
- National Rifle Association
- National Archery Association
- National Muzzle Loading Association
- National Sporting Clays Association
- National Skeet Shooting Association
- National Rifle Association
- Police Range Officer
- National Guard Marksmanship Training Center
- University of Arkansas Pershing Rifles
- USA Shooting/Junior Olympics
Individuals certified by these and other shooting sports programs may instruct and train participants as “guest speakers” with the supervision of an Arkansas 4-H Shooting Sports instructor. However, in order for these individuals to work directly with 4-H youth as instructors and/or coaches, it is necessary that they be both: a 4-H direct volunteer and a certified Arkansas 4-H Shooting Sports instructor.

County Extension agents who rely on adult volunteers to supervise and train youth in their county 4-H Shooting Sports program must become familiar with policies and procedures from this manual and the state 4-H policy handbook. County Extension agents are not required to be certified shooting sports instructors in order to have a 4-H Shooting Sports club in their county, provided certified shooting sports volunteers are available.

Instructors must participate in an instructor update when new material or new instructional methods are developed. Advanced training will be offered for those teaching a specific discipline.

All 4-H direct volunteers not certified by the 4-H Shooting Sports program and youth who qualify as Teen Leader Apprentices must be under the direct physical supervision of a certified 4-H Shooting Sports instructor while engaged in any activity which involves the use of firearms and/or archery equipment. If a club divides the members into groups for concurrent shooting sessions, groups must be supervised by a certified 4-H Shooting Sports instructor. All 4-H direct volunteers and youth engaged in the use of firearms and/or archery equipment must be advised of all range safety rules prior to training.

VII. Liability Consideration for Volunteers

Federal and state legislation provides some protection for volunteers of nonprofit organizations and government agencies. Arkansas Volunteer Immunity Act of 1987 covers volunteers of government agencies, like the University of Arkansas Division of Agriculture, Cooperative Extension Service. Volunteers are entitled to the same sovereign immunity as employees. This means that they are immune from liability and from being sued for acts or omissions occurring within the scope of their volunteer service, except for malicious acts or omissions and acts or omissions that are covered by liability insurance (Arkansas Code § 21-13-108).

Volunteers may be held responsible for damage or injury if they act outside the scope of the 4-H program. If a volunteer is covered by automobile liability
insurance, the volunteer’s liability for negligent acts is limited to the amount of coverage.

VIII. **Shooting Sports Teen Leader Apprentices**

Prospective volunteers, under the age of 21, meeting all the other requirements, may be certified as 4-H Shooting Sports Teen Leader Apprentices. Shooting Sports Teen Leader Apprentices must be at least 16 years of age, have participated in their county shooting sports program for at least a year and have completed training for a Shooting Sports instructor. They may assist with any aspect of the program, but may not operate a range unless under the direct supervision of a range-qualified instructor.

IX. **Instructor Renewal and Re-certification**

A. The certification period for 4-H Shooting Sports instructors is three years. Certification can be maintained if the following guidelines have been met:

1. **Shooting Sports instructor** - teaches or assists in teaching, at least three 4-H club programs within three years after certification is issued.

2. **National 4-H Shooting Sports instructor** - teach, or assist in teaching, at least three 4-H Club programs, or teach at least one training course for Shooting Sports Instructors within three years after certification is issued.

3. **Teen Leader Apprentice** - assist in teaching at least three 4-H club programs within three years after certification is issued.

B. The instructor is solely responsible for collecting and submitting documents which maintain his/her certification to their respective county Extension office.

C. Application of re-certification must be made to the Shooting Sports Coordinator no later than eight weeks after the notice of a lapse of certification was received by the county Extension office. If certification lapses, instructors may be required to repeat training in order to be re-certified.
D. Re-certification may be required of instructors when new teaching materials become available or when a program change is initiated which requires an update.

X. Duties of Certified Instructors

To maintain certification and get proper credit for volunteer time, the instructor should document training activities on the 4-H Shooting Sports Training Log form and provide copies to the County office. (See Appendix for Training Log form.)

1. Description of audience that was trained (e.g., 4-H youth or adult leaders)
2. Date of the activity or training
3. Specific location where the event was held
4. Topic that was taught by the instructor
5. Time spent preparing for the activity
6. Time spent teaching or conducting the activity
7. Names of participants
8. Other instructors, cooperators, or agencies assisting with instruction
9. Volunteer leaders must include the signature of county Extension agent to verify that the instructor is a registered 4-H volunteer leader in the county and that the agent is aware of the instructor’s activities
10. Signature of instructor

Include other evidence, if available, for verifying instruction, such as a copy of the program agenda, newspaper clippings, or photographs. Documentation should be delivered to the 4-H Shooting Sports Coordinator through the county Extension office, and may be used for publicity and promotion of the 4-H Shooting Sports program.

Other certified instructor duties include:

A. Specialize in instructional methods for teaching shooting fundamentals to youth (i.e., Shooting Sports Instructors) and adults (i.e., National 4-H Shooting Sports instructors).
B. Follow job description (See Appendix.)

C. Report all classes conducted and students trained to the county Extension agent, who will make annual reports to the Shooting Sports Coordinator.

D. Focus on the 4-H philosophy, goals and objectives.

E. Keep current as certified instructors by teaching classes and attending instructor updates or retraining sessions as available and as required by the 4-H Shooting Sports program.

F. Volunteer to assist with local, district, and state 4-H Shooting Sports competitions.

G. Act as ambassadors for the 4-H Shooting Sports program in the instructor's local area.

XI. Instructor Training

A. Training protocol includes the following: policies and procedures of the Arkansas 4-H Shooting Sports program, and the philosophy, goals and objectives of the overall 4-H youth development program. The core of 4-H Shooting Sports instructor training centers on safety and responsibility; teaching skills, coaching principles and how to link shooting sports to other 4-H programs.

B. Instructors certified through the 4-H Shooting Sports program shall receive a copy of the shooting sports curriculum for their individual discipline.

C. Certification workshops will include:
   1. Lesson outline and use of outline.
   3. Hands-on (experiential) learning, demonstrations, lectures, role playing class involvement, simulated experiences, visual aids, additional training materials, and exhibits.
   4. Opportunities to demonstrate teaching skills.
XII. University of Arkansas, Division of Agriculture Cooperative Extension Service Volunteer Code of Ethics

- Work cooperatively with youth, adults, families, volunteers, Cooperative Extension Service faculty and staff, and others in a courteous, respectful manner demonstrating behaviors appropriate for a positive role model.
- Represent the Cooperative Extension Service and its programs with pride and dignity, behave appropriately, exhibit good sportsmanship, and demonstrate reasonable conflict management skills.
- Respect, adhere to, and enforce the rules, policies, and guidelines established by the Cooperative Extension Service including all state laws related to child abuse and substance abuse.
- Refrain from and do not tolerate verbal or physical abuse.
- Avoid any criminal activities.
- Comply with equal opportunity and anti-discrimination laws.
- Under no circumstances, allow or consume alcohol or be under the influence of alcohol when youth are present at an Extension program or activity. Under no circumstances, possess, use, or be under the influence of illegal drugs at any Extension program, event or activity.
- The use of tobacco products in the presence of 4-H members and/or during 4-H events and activities is prohibited.
- Operate machinery, vehicles, and other equipment in a safe and responsible manner when working with participants in Cooperative Extension programs, events or activities.
- Accept responsibility to promote, conduct, and support Cooperative Extension programs in order to develop an effective county, district, state, and national program. It is important that all volunteers comply with the Code of Conduct. Failure to comply with any component of this code or participation in other inappropriate conduct as determined by the UA Division of Agriculture Cooperative Extension Service may lead to dismissal as a Volunteer.

4-H Shooting Sports Volunteers are also expected to adhere to the Shooting Sports Instructor Code of Ethics by setting an example with good sportsmanship and outdoor ethics, and serve as positive role models for youth.
XIII. Reporting

4-H shooting sports county programs are required to complete the following forms annually:

4-H Club Chartering:
1. 4-H club charter application
3. Bylaws (which include a dissolution clause indicating residual dollars and resources [assets] purchased through the club will become the property of the county 4-H program, should the club dissolve).

4-H Club Annual Financial Reports:
1. Statement of income and expenses
2. Statement of financial position
3. Annual group property/inventory report
4. Peer review of group financial records: Cover sheet & report

Annual Training Report Form
Annual Youth Training Log Forms are to be completed throughout the year by instructors and should be sent to the Arkansas Shooting Sports Coordinator and County office by December 31 each year. County Extension agents are to sign the form, return a copy to the instructor, retain a copy in the Extension office, and submit a copy to the Arkansas Shooting Sports Coordinator.

These records should be kept a minimum of five years.

The documentation of teaching activities will be used to support certification and recertification of instructors who are teaching or assisted with teaching.

XIV. Records

All 4-H shooting sports members and volunteers are required to enroll in 4-H online annually at: [https://arkansas.4honline.com](https://arkansas.4honline.com). Club leaders and/or Extension agents are required to provide event participants’ Health Forms and Code of Conduct forms to the event coordinator at ALL shooting sports activities.
XV. County Program Management

**Firearms ownership:** As of January 1, 2014, firearms and muzzle loading black powder guns cannot be purchased in the name of 4-H by Division of Agriculture, Cooperative Extension Service, or their employees for the benefit of the 4-H Shooting Sports Program. *(ATF Firearm Definition: any gun (including a starter gun), which will, or is designed to or may readily be converted to expel a projectile by the action of an explosive).*

**Inventory:** Both the Shooting Sports Coordinator and the County Extension office shall keep an all-inclusive equipment inventory list that is updated annually showing all inventories, real and personal property, including firearms, that belonging to each county 4-H Shooting Sports program/club. All inventories, including firearms, must contain the following information: make, model, serial numbers, purchase date, who purchased item, and current storage location.

4-H Shooting Sports clubs with equipment that is no longer needed must notify the county Extension office who will handle this inventory according to the University of Arkansas Cooperative Extension Service policy.

**Storage/security:**
All firearms are required to be stored in a locked location separate from ammunition (such as a gun safe, county office, etc.). This locked location shall be approved by the Extension employee responsible for that program. In a county office, that person will be designated by the staff chair. If equipment is stored at a volunteer’s home, a signed letter must be attached to the equipment inventory indicating the name and address of the volunteer who has possession of the equipment. The inventory and letter will help keep track of the equipment and clarify that it belongs to the 4-H Shooting Sports program.

Only the Extension employee responsible for the county program or approved 4-H shooting sports instructors may remove and transport club firearms to and from the secure storage location for practices and competitions. When firearms are checked out from the storage location they should use the 4-H Shooting Sports Equipment check-out form. *(See Appendix.)*

If a 4-H shooting sports club dissolves, within 90 days the club’s inventory must be accounted for and returned to the University of Arkansas Cooperative Extension Service county office to be stored in a secured location.
Grants
Obtaining grants and funding from supporting groups can help club and county program resources grow to minimize cost to youth. Grant applications to support the 4-H Shooting Sports program are subject to the rules established by the University of Arkansas Division of Agriculture, Cooperative Extension Service Office of Sponsored Programs. All grant proposals shall be routed through the County Extension Office.

Fundraising and Raffles
All fundraising efforts and raffles must have prior approval through the County Extension Office. Shooting Sports clubs conducting raffles must complete the Annual Raffle Report for submission to the County Extension Office.

XVI. Risk Management

Accident/Medical Insurance
It is highly recommended that each county purchase accident insurance for all youth participating in local, county, area, or district 4-H club activities. American Income Life’s Special Risk Division provides insurance coverage for many 4-H activities, including camping, conferences, county fairs and special events.

American Insurance Life Insurance
8604 Allisonville Road
P O Box 50158
Indianapolis, IN 46250
Telephone: 317-849-5545
Fax: 317-849-2793
http://www.americanincomelife.com/

Insurance should be purchased by Extension agent on either a per-activity or blanket basis.

As part of the registration process, accident insurance coverage is provided for participants attending statewide or national 4-H events coordinated by staff in the Arkansas 4-H Youth Development Department. The coverage is in effect for the event and the time for direct travel between home and the event site.
NOTE: An accident/medical insurance policy purchased on an annual basis for all youth and/or volunteers in the 4-H Program does not offer coverage when an event is opened for other members of a family or the general public to attend.

Other:
- Indemnification resolution: Coverage is in place as long as person is:
  - Acting in good faith.
  - Acting within scope of his/her duties.

- Supervision of youth - ratio of adults to youth is 8:1:
  - Mixed groups require both male and female chaperones
  - Individual adult may not be alone in a room (or car) with a child
  - It is good practice to have 2 adults with a group if possible in case of an emergency
  - Consider the type of activity, number of participants, and age of participants
  - A common sense approach is best and MORE IS BETTER!
Appendices
Club Management Files
   1. Shooting Sports Release Agreement
   2. Shooting Sports Inventory
   3. Shooting Sports Training Log
   4. Finance-312 – Internal Grant Approval Form

Club Financial Files
   5. Annual Group Financial Records

Insurance/Liability Files
   6. American Income Life Insurance
      a) Event coverage options
      b) Annual blanket coverage
      c) Claim report
   7. FY4-H-633 – Youth Health Statement
   8. FY4-H-707 – Adult Health Form
   9. FY4-H-703 – Publication/Media Consent Form

Volunteer Expectations
   10. FY4-H-686 – 4-H Code of Conduct
    11. MISC-120 – Volunteer Agreement and Expectations
    12. Shooting Sports Volunteer Description
4-H SHOOTING SPORTS ACTIVITIES
PARTICIPANT ACKNOWLEDGEMENT OF RISK AND RELEASE AGREEMENT

In consideration of the services of the University of Arkansas, Division of Agriculture, Cooperative Extension Service (the “Extension Service”), its employees, agents, volunteers, participants, and all other persons or entities acting in any capacity on behalf of the University of Arkansas, Division of Agriculture, Cooperative Extension Service (collectively, the “Shooting Sports Activity Sponsors”). I hereby agree as the parent or legal guardian of the minor participant listed below, to the following:

1. I acknowledge all shooting sports activities and events, involving firearms and archery equipment, are inherently dangerous and there are unavoidable risks associated with all activities offered and provided by the Extension Service and the Shooting Sports Activity Sponsors. I acknowledge that participating in these activities exposes me and/or my minor child to substantial risk to personal property, illness, serious bodily injury, dismemberment and death. I agree that my choice of participating in these activities and allowing the minor participant listed below to participate in these activities, in any capacity, is voluntary.

2. I agree I am responsible for the safety, well-being, and behavior of myself and the minor participant listed below. I agree that the minor participant listed below and I have a duty to use caution and diligence to reduce the risk of injury, illness, dismemberment and death to my person, the minor participant and to others. I agree that the minor participant listed below and I have a duty to use caution and diligence to reduce the risk of loss or damage to the personal property of others.

3. With these acknowledgments, I release the minor participant listed below to participate in any or all shooting sports activities organized by the Extension Service and its Shooting Sports Activity Sponsors. I assume all risk of damage, loss, injury, illness, dismemberment, and death, for myself and my minor child, that may result from participation in any shooting sports activities, transportation to and from such activities or participation as members, spectators, or guests at any shooting sports events sponsored by the Extension Service and its Shooting Sports Activity Sponsors.

4. I certify the minor participant listed below does not have any mental, emotional, physical or medical conditions which could interfere with his/her ability to safely undertake the shooting sports activities offered by the Extension Service and its Shooting Sports Activity Sponsors.

5. In consideration of the privilege of participating in shooting sports activities offered by the Extension Service and its Shooting Sports Activity Sponsors, I agree to release, hold harmless and indemnify the University of Arkansas, its Board of Trustees, institutions, officers, agents, employees and representatives, and its Shooting Sports Activity Sponsors and their operators, heirs, and assigns from any and all liability, responsibility, claims, demands and causes of action whatsoever which are in any way connected with the minor participant’s participation in shooting activities, for any damage, loss, injury, illness, dismemberment or death arising from or in any way related to any shooting sports activities, that may be sustained by or attributable to me, the minor participant listed below, personal property belonging to me or others, and any family member or spectator that accompanies me or the minor participant on the premises. The terms of this Agreement shall serve as a full release from liability
and assumption of risk for their heirs, executor and administrator of me and my minor child, and for our family members, and may be pleaded as a bar to any litigation or claim for damages.

6. I agree that jurisdiction and venue related to this Agreement and any claim against the University of Arkansas, its Board of Trustees, institutions, officers, agents, and employees shall lie exclusively in Pulaski County, Arkansas, if at all, and will be governed by the laws of the State of Arkansas. I recognize that the University of Arkansas, its Board of Trustees, institutions, officers, agents, and employees are institutions and/or officials of the State of Arkansas and are entitled to sovereign and/or statutory immunity.

7. I attest that I am the parent or legal guardian of the minor participant listed below. I further attest that I am 18 years of age or older, and I am otherwise competent to enter into this Agreement on behalf of the minor participant listed below. I have read and understand this Release Agreement and voluntarily accept the terms stated herein.

**Minor Participant:**

______________________________
(Print Name)

**Parent or Legal Guardian:**

______________________________
(Print Name)                     ______________________
                                                    (Date)

______________________________
(Signature)
## ANNUAL GROUP PROPERTY/INVENTORY REPORT

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**TOTAL** $0.00

We hereby certify that this is a correct list of equipment/inventory with a value greater than or equal to $500 and any and all firearms (regardless of $ value) belonging to:

_____________________________
Club/Group Name

(Attach additional sheets as necessary)

_____________________________  _______________________
Treasurer                        Date

_____________________________  _______________________
President                       Date

**NOTE:** Complete all EOY financial reports and send to the Staff Chair at the County Extension Office.

_____________________________  _______________________
Items to be disposed of should be sent to the County Extension Office for proper disposal.

Revised 9-18-13
# 4-H Shooting Sports Training Log

(Use for multiple trainings - copy as needed)

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of Students</th>
<th>Topic</th>
<th>Time spent preparing</th>
<th>Time spent Teaching</th>
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</table>

Instructor/s Signature  

County Agent Signature  

Location ____________________________

Other partner agencies or organizations ____________________________
<table>
<thead>
<tr>
<th>Date</th>
<th>Number of Students</th>
<th>Topic</th>
<th>Time spent preparing</th>
<th>Time spent Teaching</th>
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The University of Arkansas Division of Agriculture Cooperative Extension Service is committed to providing equal opportunity in educational programs, activities, and services on a non-discriminatory basis and without regard to race, color, sex, gender identity, sexual orientation, national origin, religion, age, disability, marital or veteran status, genetic information, or any other legally protected status.
Project Title: 

Application Submitted Via Grants.gov? □ Yes □ No

Project Director/Principal Investigator:

Sponsor: □ Federal □ State-AR □ Private □ Other (specify): □ Prime □ Sub-Award

Total Project Cost: __________ Sponsor Funds Requested: __________ Match: UACES Other __________

Project Begin Date __________ Project End Date __________

Indirect Cost Rate Applicable (%): __________

Does the Application include funding for new personnel? □ Yes □ No

If so, has HR been contacted? □ Yes □ No If yes, Who/When? __________

Will the Activity Generate Program Income? □ Yes □ No

Submission Due Date: __________

Last Day Proposal can leave LRSO and comply with Due Date: __________

*Project Summary (limit 500 characters)*

<table>
<thead>
<tr>
<th>Proposal Type</th>
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</thead>
<tbody>
<tr>
<td>□ Pre-Proposal</td>
</tr>
<tr>
<td>□ New</td>
</tr>
<tr>
<td>□ Non-Competing Continuation</td>
</tr>
<tr>
<td>□ Competing Continuation</td>
</tr>
</tbody>
</table>

**Special Review Checklist**

The proposal being approved and submitted involves the following:

□ Yes □ No Animal Use

□ Yes □ No Human Subjects

□ Yes □ No Select Agents or other Biohazards

□ Yes □ No Export Controlled information or material

□ Yes □ No Radioactive Materials

*Research Compliance: Federal regulations govern the use of human subjects, animals, biohazardous materials, radioactive materials, select agents/toxins and biohazards, and certain information or material subject to export controls. If your proposal includes these areas, be prepared to secure approval from an Institutional Review Board (IRB) prior to beginning your project. Extension faculty may choose to use UAF, UALR, or UAMS IRBs.*

1 Completed Proposals should reach the Office of Sponsored Programs (OSP) at least 5 working days prior to the submission deadline. Proposals requiring budget preparation or other assistance should reach OSP 10 working days prior to deadline.
Principal Investigator/Project Director Disclosures and Assurances

By signing below, I certify that I have read the following statements, and I further certify that the statements contained herein and in the accompanying proposal are accurate and truthful to the best of my knowledge and belief.

☐ Yes ☐ No All investigators/project directors have read and understood the University of Arkansas Division of Agriculture Cooperative Extension Service’s Code of Ethics. http://division.uaex.edu/policy_management/pmg_09_04.pdf

☐ Yes ☐ No All investigators/project directors have read and understood the University of Arkansas Division of Agriculture Cooperative Extension Service’s conflict of interest and Investigator Significant Financial or Business Interests Disclosure policies and have made all disclosures required by them and, prior to the expenditure of any award funds, shall have reached an agreement with the Extension Service which provides conditions or restrictions necessary to manage, reduce, or eliminate conflicts of interest under the policy http://www.uaex.edu/depts/Administration/board_policies/PDF/0220_1.pdf

☐ Yes ☐ No The proposal submitted herewith is (i) complete in its technical content; (ii) adheres to the rules of proper scholarship, including providing proper credit for text and graphics from other sources; and (iii) complies with federal standards for the integrity of research.

☐ Yes ☐ No The facilities/space and other Extension resources necessary to complete the proposal project are available for the project, and arrangements have been made with the appropriate Department or Districts for them, as well as for their personnel who will be involved in the project. By signing below, the Department Heads, Assistant Directors, and/or District Directors certify that adequate space, faculty time, and equipment are available to conduct the project, the proposal is technically sound, and the investigator/program director is able to assume responsibility for the proposed activities

☐ Yes ☐ No If the proposal submitted herewith is funded and accepted, I will conduct the project in accordance with the terms and conditions of the sponsoring agency and Extension policies and will be fully responsible for meeting the requirements of the award, including but not limited to, providing the proper stewardship of the funds, submitting the required programmatic reports and deliverables in a timely manner, adhering to responsible scientific conduct; avoiding any false, fictitious, or fraudulent statements or claims which may subject the P.I. to criminal, civil, or administrative penalties; and adhering to all federal compliance requirements (i.e., Human Subjects, IACUC, Export Controls, etc.).

OSP Notes/Comments:

Approvals given on the Proposal Internal Approval Form represent general approval of technical merit, allocation of Extension space/resources, and fiscal budgeting but do not represent specific approval of personnel titles, classifications, salary rates, or other issues governed by Extension policy. Where funds are requested for the purchase of equipment, a determination has been made that no other equipment at Extension is available, accessible, and/or suitable for the intended use. The PI/PD and other appropriate signatories are responsible for informing the Office of Sponsored Programs of any material changes to compliance certifications both while the project is pending and during the life of the award if the project receives funding.

Principal Investigator ___________________________ Date ________

Department/Unit Head/District Director ___________________________ Date ________

Sponsored Programs ___________________________ Date ________

Associate/Assistant Director—ANR/CED/4-H/FCS ___________________________ Date ________

Chief Financial Officer ___________________________ Date ________

Associate Vice President for Agriculture—Extension (over $250,000) ___________________________ Date ________
FINANCE-312 Instructions

Assistance in completing this form may be obtained by contacting the Office of Sponsored Programs or via the video by accessing ftp://ftp.uaex.edu/ and selecting Uploads---jrobison---“Let's Complete It”

1. Project Title: Enter title of project as reflected on proposal.
2. Will project be submitted via Grants.gov? Check appropriate box to indicate if a Grants.gov submission is required.
3. Project Director/Principal Investigator: Enter name of faculty or staff member with primary oversight and leadership of project.
4. Sponsor: Enter name of sponsoring institution/agency and check “Prime” if UACES is the lead recipient or “Sub-Award,” if otherwise. If project is a sub-award, enter the institution providing the sub-award in the “Sponsor” field along with the originating agency (for example, “UALR/NIFA”). On the next line, indicate if the Sponsor (the agency or institution providing the sub-award) is a federal agency, a State of Arkansas agency, a Private funder (including non-government organizations), or another form of sponsor (specify). If the sponsor is a state agency from a state other than Arkansas, specify the state and agency.
5. Total Project Cost: Enter the total cost of the Extension portion of the project. If the project is a sub-award, enter only the amount of funding with which Extension is involved. The sum of the subsequent fields “Sponsored Funds Requested” and “Match” should equal the Total Project Cost.
6. Project Begin/End Date: Enter the dates between which the actual work on the project will be performed.
7. Indirect Cost Rate: Enter the applicable rate. If the rate differs from the institutional approved rate of 29%, include sponsor guidelines specifying usage of different rate.
8. Personnel: Check the appropriate box to indicate if a new hire in a new position will be associated with this project. Also, indicate if and when Human Resources was contacted to confirm availability of slots.
9. Program Income: Indicate if program income will be generated by the project. Program income is defined as, “…gross income received by the grantee or subgrantee directly generated by a grant supported activity, or earned only as a result of the grant agreement during the grant period.” Program income is created by things like registration fees charged to cover the cost of a meal.
10. Submission Due Date: Enter the date the proposal must be submitted to the project sponsor. If a sub-award, enter the date the awarding institution has requested the approved proposal be returned. If there is a specific time deadline for the proposal, please indicate.
11. Last day Proposal can leave LRSO and Comply with Due Date: Enter the date you must have written approval for final submission. When determining this date, consider work schedules, schedules of approving personnel, mailing time (if applicable), and associated deadlines.
12. Project Summary: Provide a brief overview of the project within the space provided. This area must be filled out and should not merely state “See Proposal” or “See Abstract.”
13. Proposal Type: Check the appropriate box(es) to indicate if the type of proposal being submitted.
14. Special Review Checklist: Check “Yes” or “No” for each line as indicated.
15. Disclosures and Assurances: Read and accept terms prior to signing or submission.
## Statement of Income and Expenses

<table>
<thead>
<tr>
<th>Period</th>
<th>Income</th>
<th>Expenses</th>
<th>Net Increase or Net Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 1, - Dec 31</td>
<td>Summarize by source and amount</td>
<td>Summarize by source and amount</td>
<td>$0.00</td>
</tr>
<tr>
<td>Oct 1, - Sep 30</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### TOTALS

**Total Income (A)**

$0.00

**Total Expenses (B)**

$0.00

**Net Increase or Net Loss (C)**

$0.00

**NOTE:** Complete all E0Y financial reports and send to the Staff Chair at the County Extension Office.
## Statement of Financial Position

**County:**

**Club/Group:**

### Assets:
- Cash and/or Checking Account
- Inventory/Equipment

**Total Assets (A)**

### Liabilities:
- Accounts Payable

**Total Liabilities (B)**

### Net Assets:
- Net Assets - Beginning*
- Current Year’s Net Increase or Net Loss

**Net Assets - Ending**

*$Net Assets-Beginning is the value of assets at the beginning of the 12-mo. reporting period. For new clubs, the value is .00. For existing clubs, the value is equal to the Net Assets-Ending (or Total Equity) from previous year's 12-month reporting period.*

**Total Liabilities and Net Assets [(B) + (C) = (A)]**

$0.00

---

We hereby certify that the Annual Financial Report forms are complete and mathematically correct and include the Statement of Income and Expenses, the Statement of Financial Position, the Annual Group Property/Inventory Report, the Peer Review Cover Sheet, the Peer Review Report, and a copy of the last bank statement.

---

**Treasurer**

**Date**

**President**

**Date**

**Club/Group**

**Date**

**Staff Chair**

**Date**
PEER REVIEW OF GROUP FINANCIAL RECORDS: COVER SHEET

Master Gardener □  4-H □

County ____________________ □ Jan 1 ______ - Dec 31 ______
□ Oct 1 ______ - Sep 30 ______

Checking Account Number:

Bank ____________________ Address ____________________

IRS Tax ID# (form SS-4) ____________________ Audit Date ____________________

Persons Authorized to sign on checking account:

Name ____________________ Address ____________________

Name ____________________ Address ____________________

Bank records are in the possession of:

Name ____________________ Address ____________________

NOTE: Attach copy of the year-end bank statement.

Note: Send copy to Staff Chair at County Extension Office with end of year financial reports.
PEER REVIEW OF GROUP FINANCIAL RECORDS: REPORT

Master Gardener □  4-H □

☐ Jan 1 ________ - Dec 31 __________
☐ Oct 1 ________ - Sept 30 __________

☐ Group budget and any addendums  ☐ Canceled checks and deposit slips
☐ Treasurer's ledger reports  ☐ Receipts for all income
☐ Bank Statements  ☐ Bills for all expenses
☐ Year-end financial report  ☐ Inventory Records
☐ Group Cash Handling Procedures

The Review Committee found the following conditions:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

The Review Committee makes the following recommendations:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

This certifies that the Review Committee has reviewed the record keeping and financial balances and finds them:

☐ in order;
☐ in order upon implementation of recommendation;
☐ Requiring further review and action.

Signatures of Review Committee  Printed Name

Address

Signatures of Review Committee  Printed Name

Address

NOTE:  Attach copy of the year-end bank statement.  Send copy to Staff Chair at County Extension Office with end-of-year financial reports.
# American Income Life Insurance

## Table of Benefits
### Master policy 717

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Option A</th>
<th>Option B</th>
<th>Option C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical / surgical treatment</td>
<td>$2,500</td>
<td>$3,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>X-ray examinations</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hospital confinement</td>
<td></td>
<td></td>
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<tr>
<td>Ambulance expense</td>
<td></td>
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<td></td>
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<tr>
<td><em>(within 52 weeks of accident)</em></td>
<td></td>
<td></td>
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<tr>
<td>Dental services</td>
<td>$400</td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td><em>(incurred within 52 weeks of accident)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical and hospital expense</td>
<td>None</td>
<td>$1,000</td>
<td>$1,500</td>
</tr>
<tr>
<td><em>(for illness while policy in force)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Expenses from these specified diseases</td>
<td>None</td>
<td>$3,500</td>
<td>$5,000</td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td></td>
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<tr>
<td>Diphtheria</td>
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<tr>
<td>Scarlet Fever</td>
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<td>Smallpox</td>
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<td>Tetanus</td>
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<td>Cerebrospinal Meningitis</td>
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<td>Typhoid Fever</td>
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<td>Leukemia</td>
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<tr>
<td>Primary Encephalitis</td>
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<tr>
<td>Loss of life</td>
<td>$2,500</td>
<td>$3,000</td>
<td>$5,000</td>
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<tr>
<td><em>(within 100 days of resulting accident)</em></td>
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<tr>
<td>Loss of</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Both hands</td>
<td>$7,500</td>
<td>$7,500</td>
<td>$10,000</td>
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<tr>
<td>Both feet</td>
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<tr>
<td>Total sight of both eyes</td>
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<tr>
<td>One hand and one foot</td>
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<tr>
<td><em>(within 100 days of accident)</em></td>
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<tr>
<td>Loss of</td>
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<tr>
<td>One hand</td>
<td>$2,500</td>
<td>$2,500</td>
<td>$10,000</td>
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<tr>
<td>One foot</td>
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<tr>
<td>Sight of one eye</td>
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<tr>
<td><em>(within 100 days of accident)</em></td>
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American Income Life Insurance
800-849-4820
$1.00 Per Person Per Year!!

Provides...

**MAXIMUM BENEFITS of**

$ 2,500.00 MEDICAL AND HOSPITAL EXPENSES RESULTING FROM INJURIES.

$ 5,000.00 LOSS OF LIFE.

$ 500.00 DENTAL EXPENSE DUE TO INJURY OF SOUND NATURAL TEETH.

$10,000.00 LOSS OF ANY TWO: ARMS, LEGS, FEET OR HANDS OR SIGHT OF BOTH EYES.**

$ 5,000.00 LOSS OF ANY ONE: ARM, LEG, FOOT OR HAND.**

$ 3,000.00 LOSS OF SIGHT OF ONE EYE.**

**When injury does not result in loss of life but does result in any of these losses within 100 days of the accident, one of these maximum benefits will be paid in addition to any other covered expenses.

ALL MEMBERS MUST BE INSURED

Covers each registered member (leaders optional) while participating in or attending regularly approved and adult supervised group activities. FULL coverage while traveling directly to and from the member’s home and the meeting place for the purpose of participating in scheduled group activity.

SPECIAL FEATURES

- Optional coverage for adult leaders.
- Automatic coverage of new members.
- Prompt claim service.
- Covered expenses incurred within 52 weeks from the date of accident.
- Full coverage – no deductible.
- Rough Stock Rodeo coverage available – Call for quote!

NOT COVERED

- Eyeglass replacement
- Denture replacement or repair
- Suicide
- Illness
- Hernia in any form
- Losses covered under Medicare or Workman’s Compensation
- Injuries sustained while downhill skiing, tobogganing, sledding, and tubing
- Air Travel

APPLICATION FOR
Annual Accident Coverage

Name of Organization ____________________________

Name of Advisor _________________________________

Mailing Address _______________________________________

City ___________________________ County _______________

State ___________________________ Zip Code ______________

Desired Effective Date _______________________________

Phone _____________________________________________

Has this group had one of our annual policies within the last year? Yes O No O

Number of Regular Members _____ X $1.00 = $_____

Number of Regular Leaders _____ X $1.00 = $_____

Number of Horse* Members _____ X $2.00 = $_____ 

Number of Horse* Leaders _____ X $2.00 = $_____

TOTAL ENCLOSED: ____________________________
($10.00 minimum)

As authorized leader of the above group I request that a Master Policy be issued on the effective date requested, or on the date this application is received, whichever is later.

We are enclosing a check or money order payable to the American Income Life Insurance Company, PO Box 50158, Indianapolis, IN 46250, calculated at the rate of $1.00 ($2.00 – horse, motorcycle & team sports) for each person to be covered.

SIGNED ________________________________

ARE LEADERS TO BE INSURED? YES O NO O

IF "YES" LIST NAMES:

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_________________________________
CLAIM REPORT
To be completed by the Camp Director, Chaperone, or Group Leader of the Event.

Policy # __________
Policy Holder: __________

Serial # __________
Dates Person Was Insured __________ to __________

Name of Camp/Club/Group __________

For prompt service please attach all itemized bills for services rendered (doctor, hospital and prescriptions).

PART
Name of Patient __________

Patient Date of Birth __________ Age __________ Sex M F

Home Address of Patient __________

City __________ State __________ Zip __________

PART

INJURY REPORT

Date of Injury: __________ Time: __________

Date Insured First Noticed Symptoms: __________

Group Activity: __________

Nature of Illness: __________

Describe How and Where Injury Occurred (explain fully): __________

Was this condition already present before this person became insured? Yes No

If YES, please explain: __________

ILNESS REPORT

Office Use: __________

If there was no medical treatment during insured period, was injury or illness reported to staff member? Yes No

Verification Signature - UNRELATED to patient

I hereby certify that this was a supervised group activity sponsored by the organization covered under this policy.

PART

I was the: Camp Director Chaperone Group Leader Other (define) __________

Contact (Print Name) __________ Title: __________

PART

Signed: __________

Name of Camp/Org. __________ Day Time Phone: __________

ASSIGNMENT FORM

I hereby authorize the American Income Life Insurance Company to pay benefits on the above claim to:

PART

[ ] Medical Provider(s) [Check is sent directly to the facility providing the medical services.]

[ ] (Payee Name) __________ Address __________ City __________ State __________ Zip __________ is to be reimbursed. Receipts must be enclosed

PART

Date __________ Signed __________

Rev 5/11
HEALTH STATEMENT

and
Parents’ Release

Arkansas 4-H

☐ Check here if special attention is required.

County __________________________

Member’s Name __________________________

Last _______ First _______ Initial _______

Age _______ Sex _______

Address __________________________

Street or Box __________________________

City ________________________ Zip _______

In case of emergency notify: Name __________________________

Address __________________________

Phone (_____) _______

Relationship to above member (mark one): ☐ Parent ☐ Guardian ☐ Other _______

Alternate Contact in Emergency: Name __________________________

Address __________________________

Street or Box __________________________

City ________________________ Phone (_____) _______

Family Physician or Clinic __________________________

Address __________________________

Street or Box __________________________

City ________________________ Phone (_____) _______

Health History

Member has or is subject to: (check if yes)

☐ Asthma ☐ Bronchitis ☐ Diabetes ☐ Convulsions ☐ Fainting Spells ☐ Heart Trouble

☐ Other (list) _____

Allergies or reactions to: (check those appropriate)

Drugs: ☐ Penicillin ☐ Aspirin ☐ Other (list) _____

Foods (what foods) _______

☐ Hay fever ☐ Insect bites or stings ☐ Ivy, oak and/or sumac poisoning

Date of last Tetanus Immunization: __________________________

☐ Tetanus antitoxin ☐ Tetanus toxoid _______

Member has difficulty with: (check if yes)

☐ Eyes, ears, nose, throat ☐ Digestion ☐ Menstrual problems

☐ Lungs ☐ Bed wetting ☐ Sleep walking

☐ Other (list) _____

Member has a condition now requiring medication: ☐ Yes ☐ No _______

If yes, please indicate condition __________________________

Is medication in possession of member? ☐ Yes ☐ No _______

Name of medication __________________________

List any specific activities to be restricted: __________________________

When water sports are a part of the activity, my child may participate in:

Swimming: ☐ Yes ☐ No Diving: ☐ Yes ☐ No Canoeing or Boating: ☐ Yes ☐ No _______

When necessary, Extension personnel may give my child over-the-counter medications (examples: aspirin, Benadryl, Tylenol, etc.) ☐ Yes ☐ No _______

Parent Authorization

(Must be signed below by either Parent or Guardian)

I understand that health services will be available and that adult supervision will be provided. If an illness or injury develops, medical and/or hospital care will be provided and I will be notified as soon as possible. I will not hold liable the University of Arkansas, the Arkansas 4-H Foundation, the Arkansas Cooperative Extension Service, or its employees for any injury or damage received by my child while he/she is being transported or is engaged in this activity.

I understand and accept the above statement and further authorize each of the following:

A. The health history listed above is correct and the above-named member has my permission to engage in all program activities except as noted.

B. I grant permission to the attending physician and/or the attendant health service staff to employ such diagnostic procedures and medical treatment as deemed necessary.

C. I authorize medical care units to release medical record information to the health insurance carrier for the 4-H events and/or the Cooperative Extension Service in order to process claims.

D. I understand that I am financially responsible for charges not covered or paid by the 4-H event insurance and hereby guarantee full payment to the attending physician(s) and/or health care unit(s).

Signature of Parent or Guardian __________________________ Date _______
Name ________________________ SSN# ________________________

Home Address ____________________________________________________________

Emergency contact
1. Name ________________________ No. and Street ________________________ City ________________________
   Address ________________________________________________________________
   Night Phone# (____) ______________________________________________________
   Day Phone# (____) ______________________________________________________

2. Name ________________________ No. and Street ________________________ City ________________________
   Address ________________________________________________________________
   Night Phone# (____) ______________________________________________________
   Day Phone# (____) ______________________________________________________

To my knowledge, I have no health problems, unless stated below, and can SAFELY PARTICIPATE in (state event) and that I have no contagious or communicable disease. My health is POOR, FAIR, GOOD (strike out words which do not apply) and I have had no illness within 30 days prior to departure. In case of emergency while participating in this event/program, permission is given for physicians to perform needed treatment. I will assume all financial obligations incurred if not covered by insurance.

□ Yes  □ No

1. Nervous or mental: problems such as epilepsy, emotional stress, convulsion, loss of consciousness, dizziness, paralysis, frequent anxiety, excessive crying

2. Lung Disease: asthma, blood splitting, persistent cough, tuberculosis, abnormal chest-rays

3. Disease of heart or blood vessels increased or abnormal blood pressure

4. Pain in the chest or shortness of breath: heart murmur, rheumatic fever

5. Stomach or intestinal trouble: ulcers, gall bladder or liver disorder, jaundice, hernia, colitis

6. Arthritis, Diabetes, Kidney or Bladder disease

7. Hay fever or allergies

8. Allergy to medicines including penicillin, tetanus

9. Impaired sight or hearing, chronic ear infections

10. Recent surgical operations, accidents or injuries

11. Been a patient in a hospital (other than #10)

12. Any infectious disease or contact with infectious disease in the previous 2 weeks

13. Skin Disease

14. Allergy to foods

15. Currently taking medicines (list names and doses)

16. Under on-going care of a physician for chronic or recurring problem.
   Physician Name ________________________ Phone ________________________

17. Date of last flu shot ________________________

18. Date of last Tetanus Booster ________________________

19. Do you wear: □ Glasses □ Contact Lenses

20. Do you have removable dental appliances? □ Denture(s) □ Bridge(s) □ Partial(s)

Enter details for "Yes" answer(s) listed above
Publications, Video, Internet Consent and Release Agreement For Youth

Youth who attend or participate in programs or events conducted by the University of Arkansas Cooperative Extension Service are occasionally asked to be part of the county and/or statewide publicity, promotion, marketing efforts and/or public relations activities or projects, and/or to appear in educational and curriculum material developed by the Cooperative Extension Service. In order to guarantee your child’s privacy and ensure your agreement for your child to participate, the University of Arkansas Cooperative Extension Service asks that you sign and return this form for each of your participating children to your county Cooperative Extension Service office.

By your signature on this form, you approve the University of Arkansas Cooperative Extension Service, should it choose, to use your child’s name, picture, art, written work, voice, verbal statements or portraits (video or still) in any educational and/or promotional printed or electronic piece that furthers Extension’s educational and/or public relations efforts during this and subsequent years. This includes but is not limited to external news media outlets, printed and/or broadcast, Cooperative Extension web site, brochures, displays, newsletters, curriculum guides, purchased advertisements or other means of communicating with the public about Cooperative Extension Service programs and services. The pictures, recordings, articles, copy or other means of communications may or may not personally identify your child.

AGREEMENT

Youth and Parent/Guardian release to the University of Arkansas Cooperative Extension Service by indicating below, consent to their use by the University of Arkansas Cooperative Extension Service. Please mark the following options:

☐ Child’s name
☐ Picture, Portrait (video or still)
☐ Art
☐ Written work
☐ Voice
☐ Verbal statement
☐ All of the above

The University of Arkansas Cooperative Extension Service agrees that the youth’s name, picture, art, written work, voice, verbal statements, portraits (video or still) will only be used for Extension’s public relations, public information, promotion, publicity and marketing efforts and/or to support its educational program.

Youth and Parent/Guardian understand and agree that:
• No monetary consideration shall be paid;
• Consent and release have been given without coercion or duress;
• This agreement is binding upon heirs and/or future legal representatives;
• The photographs, video or student statements may be used in subsequent years;
• If the Youth and Parent/Guardian wish to rescind this agreement, they may do so at any time with written notice.

Effective Date of Agreement

Youth’s Name

Youth’s Signature if at least 18 years old

Parent/Guardian: (Print name)

Signature
Arkansas 4-H Code of Conduct
MEMBER DISCIPLINE POLICY FOR COUNTY, DISTRICT, STATE, and NATIONAL EVENTS

Name_________________________________ County_________________________________

In seeking uniformity in the conduct expected at each county, district, regional, state, and national events, the following guidelines have been developed to become effective on September 1, 2013.

I Event Coordinators or designees are encouraged to discuss all rules and regulations governing an event or activity, including the Code of Conduct, with leaders and 4-H members prior to, or at the beginning of, each event or activity.

II All 4-H members are expected to be responsive to the reasonable requests of the adults in charge.

III Extension personnel may take immediate action to remove a 4-H member from an activity or event and other action as needed, where there is an emergency situation, significant risk of continuing misconduct, or the gross misconduct warrants immediate removal of the 4-H member. “Immediate action” may include the assistance of law enforcement if necessary.

When the 4-H member is sent home or removed, parents or legal guardians will be notified immediately. Sending the 4-H member home or removal from the event will be at the parent or legal guardian’s expense and without refund. Immediate removal from the activity or event will be considered temporary discipline. Further disciplinary action will be determined by a Review Board or an annually appointed Administrative Review Committee.

Major Offenses

IV The following acts of misconduct are considered major offenses that may result in immediate removal from an activity or event pursuant to Section III above.

- Possession or use of illegal drugs or alcoholic beverages.
- Theft, misuse or abuse or destruction of public or personal property.
- Sexual misconduct.
- Possession of unauthorized weapons or fireworks.
- Unauthorized absence from the premises of the event.
- Assault or threatening a person with a weapon or bodily harm.
- Smoking or using tobacco products.
- Violating the International Association of Fairs and Expositions National Code of Show Ring Ethics

V When a 4-H member is found to have committed a major offense, he or she will be suspended from participation in county, district, state, regional, and national 4-H activities for a period of up to 12 months or greater. The disciplinary action will be determined and issued by a Review Board or the annually appointed Administrative Review Committee.

Minor Offenses

VI The following acts of misconduct are considered minor offenses that may require the 4-H member to appear before a Review Board.

- Breaking curfew hours or disturbing others. “Curfew” means in own room and not disturbing others. Males and females may not be in the same sleeping room at any time except in rooms reserved for families.
- Bullying – Unwanted, aggressive behavior that involves a real or perceived power imbalance. Includes such actions as making threats, spreading rumors, attacking someone physically, verbally, or electronic means and excluding someone from a group on purpose.
- Unexcused absence from the activities of the event.
- Unauthorized use of vehicle during the event.
- Use of foul, offensive, or abusive language.
- Reckless behavior.
- Visitation by non-registered persons.

VII. When a 4-H member is found to have committed a minor offense, disciplinary action may range from verbal reprimands to suspension from participating in county, district, state, regional, and national, 4-H activities for up to six (6) months or greater. The disciplinary action may be issued by the Event Coordinator, a Review Board or the annually appointed Administrative Review Committee. If the Event Coordinator issues the disciplinary action, the 4-H member may request review of the disciplinary action by a Review Board by making a written request to the County Staff Chair within thirty (30) days from the date of the disciplinary action. Upon notification, the County Staff Chair must notify the Event Coordinator within 5 days of the notification that a review board needs to be convened when all members can be present at a central location.

VIII. Parental/Guardian Responsibility: Parents/Guardians should discuss and review the Code of Conduct with their child. They understand that failure to abide by this Code of Conduct may result in the consequences listed above which include no refund. In the event that this code is violated, agree to come to the 4-H program/event to pick up child at the request of the adult in charge of the 4-H program/event. They further understand that if they refuse to pick up the child, are unavailable, or if they fail to make timely arrangement to retrieve the child, the 4-H program event staff may contact law enforcement or social services to provide necessary protection for a child in need of services. They acknowledge responsibility for all fees/charges that may result from said services.

IX. Realizing these guidelines are not “all inclusive” the University of Arkansas Cooperative Extension Service reserves the right to make adjustments to these policies.

X. NOTIFICATION PROCEDURES: When a 4-H member commits an offense that results in the 4-H member being sent home or being removed from the event/activity, the person in charge of the event will notify the appropriate County Agent, District Director and Associate Director – 4-H Youth Development. The Associate Director – 4-H Youth Development will then notify the Associate Vice President of Extension when appropriate.

XI. REVIEW BOARD: The person in charge of the event or delegation will appoint the board at the beginning of the event and will serve as chair. County staff chairs should annually appoint a review board to handle acts of misconduct at the club and county level. The Review Board will consist of one Extension employee, a minimum of one / maximum of two adult volunteers, and three youth 4-H members. The review board may be convened by the person in charge of the event or delegation, or at the request of an Extension faculty or staff member. A county staff member will chair all county level review boards. The Review Board will make a decision and issue discipline, if any. The Review Board will then notify the Associate Director – 4-H Youth Development who will affirm or reverse the decision of the Review Board.

XII. APPEAL PROCEDURES: Appeals of a decision of the Associate Director – 4-H Youth Development will be directed to the Associate Vice-President of Extension whose decision will be final. The written appeal must be filed within thirty (30) days from the decision of the Associate Director – 4-H Youth Development. The Associate Vice-President will issue a final decision within ten (10) days of receiving the appeal.

Signatures (Both signatures are required for participants under 18 years old)

I have read and understand the above “Code of Conduct” and will abide by the expectations described in the Code of Conduct. I understand that if I act inappropriately I will have to accept responsibility for my actions that may result in the consequences listed above.

4-H Member Signature________________________________      Date________________

Parent /Guardian’s Signature ______________________________ Date________________

The Division of Agriculture Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, national origin, religion, gender, age, disability, marital or veteran status, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer.
Arkansas 4-H Volunteer Agreement and Expectations

Volunteers and Volunteer Groups

Volunteers are persons who choose freely to do or offer to do something with no compensation. Volunteers are essential to the programs of the University of Arkansas Division of Agriculture Cooperative Extension Service. Volunteers help extend the programs to audience members that could not be reached with only Cooperative Extension Service employees. When a person chooses to become a volunteer with the Cooperative Extension Service, that person will have the opportunity for a very rewarding experience. The Cooperative Extension Service and its employees recognize that volunteers have a more rewarding experience when expectations are defined. Expectations and responsibilities should be outlined and communicated to the volunteer at the beginning of their service.

Volunteer and Cooperative Extension Service Agreement and Expectations

Volunteer agrees to:

- Enroll as a volunteer for a defined time period.
- Actively seek volunteers from a variety of racial, gender, ethnic, religious, and socio-economic groups in your community.
- Recruit and involve other volunteers in programming efforts.
- Provide a positive educational environment which will enable other volunteers and program participants to grow, learn, and develop friendships through Extension programs.
- Be supportive of all Extension programs.
- Participate in volunteer meetings and/or volunteer training sessions.
- Inform County Extension Agent of needs and changes necessary for the continued growth of the program.
- Maintain sound working relationships with County Extension Agent and fellow volunteers.
- Review and agree to abide by the Guidelines for County Financial Operations for 4-H (DIST-03).
- Abide by the UA Cooperative Extension Service Volunteer Code of Conduct.

U of A Division of Agriculture Cooperative Extension Service agrees to:

- Actively seek volunteers from a variety of racial, gender, ethnic, religious, and socio-economic groups.
- Educate volunteers to the program’s mission, purpose, and goals.
- Set educational tone and direction for Extension programs.
- Provide instructional materials and resources to be used for educational programs.
- Provide educational programs and materials to develop an individual’s understanding and management of volunteer assignments.
- Provide role descriptions for county volunteer leadership roles and committees.
- Provide assistance, support, and encouragement to all volunteers.
- Give recognition for time and energy devoted by volunteers at all levels of the program.
- Inform volunteers of events and activities via Extension newsletters and general correspondence.
Maintain sound working relationships with volunteers involved in the program.

Volunteerism is crucial to many Cooperative Extension Service programs. While volunteerism is crucial, volunteerism is a privilege and not a right. Volunteers are expected to be positive role models for the youth and adults they contact. Volunteers serve at the pleasure of the Cooperative Extension Service. Volunteers may be dismissed from serving in any program at any time.

**Volunteer Expectations**

1. Work cooperatively with youth, adults, families, volunteers, Cooperative Extension Service faculty and staff, and others in a courteous, respectful manner demonstrating behaviors appropriate for a positive role model.
2. Represent the Cooperative Extension Service and its programs with pride and dignity, behave appropriately, exhibit good sportsmanship, and demonstrate reasonable conflict management skills.
3. Respect, adhere to, and enforce the rules, policies, and guidelines established by the Cooperative Extension Service including all state laws related to child abuse and substance abuse.
4. Refrain from and do not tolerate verbal or physical abuse.
5. Avoid any criminal activities.
6. Comply with equal opportunity and anti-discrimination laws.
7. Under no circumstances, allow or consume alcohol or be under the influence of alcohol when youth are present at an Extension program or activity. Under no circumstances, possess, use, or be under the influence of illegal drugs at any Extension program, event or activity.
8. The use of tobacco products in the presence of 4-H members and/or during 4-H events and activities is strongly discouraged.
9. Operate machinery, vehicles, and other equipment in a safe and responsible manner when working with participants in Cooperative Extension programs, events or activities.
10. Accept responsibility to promote, conduct, and support Cooperative Extension programs in order to develop an effective county, district, state, and national program.

It is important that all volunteers comply with the Code of Conduct. Failure to comply with any component of this code or participation in other inappropriate conduct as determined by the UA Division of Agriculture Cooperative Extension Service may lead to dismissal as a Volunteer.

By my signature below, I acknowledge that I have reviewed and understand this agreement and am willing to serve as a Volunteer. I acknowledge that I have reviewed and agree to comply with the UA Division of Agriculture Cooperative Extension Service Volunteer Code of Conduct. I understand that my service as a Volunteer is a privilege. I also understand that my term is for one year and that my term may be renewed if the Extension Agent agrees.

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4-H Shooting Sports Volunteer Description

4-H Shooting Sports Instructor

TIME COMMITMENT: Because of the time and resource investment in training the requested length of service is one year; however a three-year commitment is preferred.

LOCATION: Serve within respective county.

SUPERVISION: 4-H Shooting Sports Coordinator and Extension professional in charge of county 4-H (youth) programs.

GENERAL PURPOSE: Be responsible for teaching knowledge and skills related to a specific shooting sports discipline to participating 4-H members.

SPECIFIC RESPONSIBILITIES:

- Stress shooting safety. Teach the program following the National 4-H Shooting Sports curriculum.
- Coordinate activities with shooting sports coordinator.
- Coach members on proper shooting techniques.
- Attend shooting club meetings and activities.
- Recruit assistant instructors as needed.
- Help secure needed equipment and facilities.
- Recruit parents and members.
- Participate in additional training programs that may benefit the program (i.e. Hunter Education, Red Cross First Aid)
- Help plan the yearly program.
- Actively encourage and support members by working with them individually to review project work and related records.
- Encourage members to participate in other 4-H events and activities.
- Publicize 4-H Shooting Sports activities and results.
- Maintain records on activities or project work.
- Assist on obtaining, screening, appointing and utilizing project and activity leaders for the club.
- Communicate regularly with the county 4-H office.
- Adhere to the University of Arkansas Division of Agriculture Cooperative Extension Service’s non-discrimination policies.
QUALIFICATIONS REQUIRED:

1) Age 21 or older for all 4-H Shooting Sports disciplines.
2) Ability to work with youth and adults.
3) Have an interest in shooting and some knowledge of shooting techniques.
4) State certification in specific discipline and recertified as required.
5) Needs to be familiar with 4-H objectives and philosophy and/or willing to learn about them.
6) Behavior consistent to signed 4-H Volunteer Code of Conduct.
7) Registered County 4-H Direct Volunteer Leader

SUPPORT PROVIDED by CES / 4-H:

1) 4-H shooting sports instructor training workshop (15 hours minimum).
2) 4-H shooting sports curriculum handbook upon completion of the workshop.
3) County, district, state, and national volunteer training programs.
Arkansas 4-H Shooting Sports Instructor Code of Ethics

A complete 4-H shooting sports program must convey life skills development and be presented in a way that is safe, technically competent, and helps to instill 4-H values in participants through teaching and example. Certified shooting sports instructors and volunteers must be cognizant of their role as a mentor, as well as a teacher to youth and adults in their state and community.

As a 4-H Shooting Sports Instructor or Volunteer:

- I will respect the participants, volunteers and property associated with the 4-H shooting sports program.

- I will set a good example as a mentor and role model for 4-H shooting sports youth and volunteer leaders.

- I will conduct myself and my 4-H shooting sports program in a professional and ethical manner.

- I will strive to be knowledgeable of the life skills embodied in the 4-H shooting sports program and aid positively in the development of youth through adherence to those principles.

- I will strive to be technically competent in the subject matter I teach and adhere to the national 4-H shooting sports guidelines and curriculum.

- I will respect the dignity of each participant in the 4-H shooting sports program.
4-H Pledge

I pledge my HEAD to clearer thinking,
my HEART to greater loyalty,
my HANDS to larger service,
and my HEALTH to better living,
for my club, my community,
my country, and my world.

The Arkansas Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, sex, gender identity, sexual orientation, national origin, religion, age, disability, marital or veteran status, genetic information, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer.

Rev. 11/5/14