

NATIONAL RIFLE ASSOCIATION OF AMERICA



YOUTH HUNTER EDUCATION CHALLENGE PROGRAM

STATE COORDINATOR VOLUNTEER APPLICATION

NAME: _____ STATE: _____

Please return this application to:

NRA Outdoor Recreational Programs
11250 Waples Mill Road
Fairfax, VA 22030

Phone: (703) 267-1503
Fax: (703) 267-3991
Email: YHEC@nrahq.org

As a member of the YHEC volunteer team, you will become an integral part of a volunteer program management plan -- such plans in the past have influenced future programs, policies, and procedures of the NRA. Applicants must demonstrate leadership, versatility, specific skills (as outlined in program job descriptions), and dedication. In an effort to ensure a positive, successful experience for volunteers and this educational program, the following guidelines have been established.

To become a YHEC volunteer, individuals must:

1. Sign a mutual volunteer agreement which would include responsibilities, etc.
2. Be at least twenty-one (21) years of age upon execution of the mutual agreement.
3. Possess knowledge, background, and required skills for available volunteer positions. (NOTE: Specific requirements are detailed in related volunteer descriptions.)
4. Commit to additional program training, at the expense of NRA, where deemed necessary.
5. Comply fully with NRA's professional standards, policies, and procedures as they may pertain to conduct and appearance.
6. Refrain from consumption of alcoholic beverages and/or illegal narcotic substances during volunteer assignments. (*Event site may dictate further restrictions above and beyond event schedule.*)
7. Manage and secure all NRA finances, materials, and equipment responsibly or in a responsible manner.
8. Refrain from acting as a spokesperson for the NRA or from expressing personal opinions on NRA issues during volunteer service period.
9. Accept direction from assigned supervisors (where applicable) and follow established organizational structure.

***** I certify that I have read, and agree to fully cooperate and comply with NRA's established Code of Conduct.***

Signature of State Coordinator Applicant _____ Date _____

VOLUNTEER INFORMATION							
First:		Last:			M.I.:	Nickname:	
Street:		City:			State:	Zip:	
Day:		Evening:			Cell:		
Email:					Fax:		
DOB:	Age:	Height:	Weight:		Sex: M / F	Hair:	Eyes:
EMPLOYMENT INFORMATION							
Current Occupation:				Employer Address:			
Employer:				Employer Contact:			
EDUCATION							
Type of School	Name/Location			Graduated	Major Studies		
High School							
College							
Business School							
Post Graduate							
Other							
MEDICAL HISTORY							
Race:			Religion:			Classes/Contacts: Y / N	
Blood Type:	Blood Pressure:		Identifying Marks:				
Anemia:	Asthma:	Diabetes:	Emphysema:	Hepatitis:	Kidney/Liver Disease:		
Seizures:	Strokes:	Allergies (circle):	Penicillin	Sulfa	Insects	Other _____	
Cardiac History:			Pacemaker:		Prior Surgery:		
Physical Impairments/Limitations:							
Special Considerations:							
Emergency Contact							
Name:					Relationship:		
Address:				City:		State:	Zip:
Day:		Evening:			Email:		
Physician:				Physician's Phone:			

Health Insurance Carrier:	Policy/ID Number:
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SPECIALIZED TRAINING/CERTIFICATION

(Attach additional sheets where necessary)

Describe specialized training received in the following areas - youth development programs, education, business/ fiscal administration, operations, public relations, communications, marketing, sales, volunteerism:

List specialized training received in firearms, hunting, shooting sports:

List accreditations, certifications or licenses currently held:

EXPERIENCE

Describe in detail your experience and responsibilities in the following areas:

1. Firearms: _____

2. Youth Development Programs: _____

3. Hunting: _____

4. Shooting Sports: _____

5. Education: _____

6. Volunteerism: _____

7. Human Resource Management/Supervision: _____

8. Business/Fiscal Management: _____

9. Operations: _____

10. Communications: _____

11. Public Speaking: _____

12. Public Relations: _____

13. Marketing/Sales: _____

14. NRA Programs: _____

15. Other experience relevant to position desired: _____

AFFILIATIONS

List any and all relevant professional organizations or recreational clubs/affiliations in which you hold membership:

List offices held: _____

AVAILABILITY

Which months are you most available to work on the program? (Please circle)

January	February	March	April	May	June
July	August	September	October	November	December

Please list any holidays or personal days that you do not wish to volunteer: _____

Please answer the following questions. Explain in detail any "yes" answer, attach additional sheets if necessary.

1. Have you ever appeared before a fish and game or regulatory commission on legislative matters?

Yes No

If yes: _____

2. Do you hold any specialized expertise, other than that previously listed, that can be utilized within the NRA YHEC program (i.e. EMT, Seminar/Conference Planning and Presentation, Law Enforcement, etc.)?

Yes No

If yes: _____

3. Are you currently serving in the U.S. Military Service/Reserves?

Yes No

If yes: _____

4. Do you possess any physical or mental impairments that would limit you in the performance of position responsibilities?

Yes No

If yes: _____

5. Have you ever been convicted of a criminal offense other than a minor traffic violation?

Yes No

If yes: _____

6. Have you ever been convicted of a fish and game violation or hunting infraction?

Yes No

If yes: _____

7. Do you have any travel limitations?

Yes No

If yes: _____

8. This program requires a possible commitment of up to 7 consecutive travel days at a time. Would you be able to travel for longer periods?

Yes No

If yes: _____

9. Do you have any additional information, not contained in this application you wish to provide for consideration for this position?

Yes No

If yes: _____

10. Would you have any reservations in signing an agreement between yourself and the NRA if selected for this position?

Yes No

If yes: _____

11. How did you learn of this position? _____

REFERENCES

Please provide at least three references who are not members of your family

1. Name: _____ Phone: _____

Position: _____ Relationship: _____

2. Name: _____ Phone: _____

Position: _____ Relationship: _____

3. Name: _____ Phone: _____

Position: _____ Relationship: _____

PLEASE READ THE FOLLOWING CAREFULLY AND INDICATE YOUR CONCURRENCE BY SIGNING BELOW:

I understand that this application does not constitute an expressed or implied contract of employment.

I understand that as a NRA volunteer, I will not possess or consume alcoholic beverages or illegal drugs before or during assignments for the National Rifle Association. I further understand and agree to abide by the rules of conduct prescribed for NRA volunteers and that any violation(s) can and may result in a denial of NRA privilege and service opportunities.

I authorize investigation of all statements contained in this application. I understand the misrepresentation (including omission of facts constituting misrepresentation or fraud) will be sufficient cause for discontinuing consideration of acceptance into the program, or for dismissal should I have been accepted in position prior to discovery of such misrepresentation.

I fully understand that local law enforcement may be contacted for an individual background check.

To the best of my knowledge, the above information is true and correct.

Signature NRA State Coordinator Applicant

Date

EMERGENCY MEDICAL TREATMENT CONSENT

(Please complete form in its entirety)

Consent form must be completed by and on file for, the following: participants, coaches and volunteers.

I, _____ the volunteer, give permission for emergency medical treatment of myself for illness or accident.

_____ Date _____ Signature of Volunteer

Emergency Contact

Name:	Relationship:
Address: Street:	City/State/Zip:
Phone: (Day) -	Phone: (Evening) -
Health Ins. Carrier:	Policy/I.D. #:

Special Considerations

"Special Considerations" constitute prescriptions and/or medications with dosage (including times per day/dosage and descriptions of possible reactions), etc.

RELEASE AND ATHLETIC CODE

I, _____, the volunteer, give permission for myself to participate in the local, state and/or the NRA International Youth Hunter Education Challenge program.

It is understood that each person participating in the NRA YHEC will:

1. Participate fully in all activities.
2. Exhibit behavior above reproach at all times.
3. Refrain from the possession or consumption of alcoholic beverages and/or illegal drugs during the YHEC program.
4. Fully cooperate and comply with all established rules, regulations, and reasonable requests made by NRA's Officers, employees, agents and servants.

It is further understood that any breach of this code may and will be cause for immediate and permanent expulsion from the NRA Youth Hunter Education Challenge Program.

_____ Date _____ Signature of Volunteer

LIABILITY/MEDICAL

If injured while traveling to or from (by public, private, or any other means of conveyance) or while residing at and participating in programs at the NRA International Youth Hunter Education Challenge or any auxiliary facilities; (1) Volunteer and/or family agrees to waive any legal claim against the NRA, its officers, employees, agents, servants, state-level sponsors, and my state or province. Volunteer hereby expressly assumes any and all risks associated with the activities contemplated hereunder, including, but not limited to, any and all risks associated with discharge of firearms, hunting and other outdoor activities. Volunteer (and their families) agree to indemnify, defend and hold harmless from and against any and all losses, expenses, damages, injuries and liabilities and claims (including attorney's fees, court costs and settlement costs) arising out of or relating to Volunteer's breach of this Release or any act or omission of volunteer whatsoever; (2) Volunteer hereby gives consent for the NRA/State-level Sponsor to provide medical/athletic training attentions, transportation and emergency medical services as warranted. (See included Emergency Medical Treatment Consent Form). If the program includes physiological and/or biomechanical evaluations, further consent is given to these evaluations, which pose no unusual risks or hazards when customary safeguards are observed. In signing this release, it is sworn that volunteer is in good physical condition and is not aware of any disease or injury that would result in injury during program participation. If less than 18 years of age or a minor under the laws of the state where I live, parent or legal guardian shall sign this release.

Signature of State Coordinator Applicant _____ Date _____