

YSSA Volunteer Application

Form – 400-951

Rev Date: Mar/2021

Name: _____ Phone: _____
First Middle (I) Last Cell

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____
Print Clearly Home

Age: _____ DOB: _____ Sex: M F

Can you pass a background check? Yes / No

Have you ever been convicted of a crime? Yes / No

Do you have any experience working with youth? Yes / No

If "Yes" please explain and list dates and ages of youth: _____

Do you have any Firearm, Archery, Hunting, or Outdoor experience: Yes / No

If "Yes" please explain and list all experiences: _____

Do you currently have a FOID Card? Yes / No

IL Residents ONLY

Do you currently have or ever had a Concealed Carry Permit? Yes / No

If "Yes" which State(s) and year was it issued? _____

Please tell us why you want to help us train youth of the Quad Cities and surrounding areas: _____

Please list the Disciplines you would be most interested in Helping us out in:

Small-bore & Center fire Pistol and Rifle: _____ Archery: _____ Shotgun: _____

Air Pistol & Rifle: _____ Hunting & Outdoor Skills: _____ Black Powder: _____

