

IDPA Safety Officer Training Questionnaire

Personal and Contact Information:

Name: _____ Age: _____

Home Address: _____

Home Phone: _____ Cell: _____ Email: _____

Briefly explain why you are interested in training to become a safety officer:

Memberships and Club Affiliations:

IDPA Club sponsoring you for training: _____ Club IDPA Officer: _____

Officer Contact Information: Phone: _____ Cell: _____ Email: _____

Other reference if not being sponsored by a club: Name: _____

Home Phone: _____ Cell: _____ Email: _____

Current Member of following disciplines:

IDPA: Number of years: _____ Member #: _____ Expiration Date: _____ Highest Rank: _____

USPSA/IPSC: Number of years: _____ Member #: _____ Expiration Date: _____ Highest Rank: _____

ICORE: Number of years: _____ Member #: _____ Expiration Date: _____ Highest Rank: _____

GSSF: Number of years: _____ Member #: _____ Expiration Date: _____ Highest Rank: _____

SASS: Number of years: _____ Member #: _____ Expiration Date: _____ Highest Rank: _____

Other not listed: _____

NRA: Yes _____ No _____ Gun Owners of America: Yes _____ No _____

Current Firearm Instructor Experience: _____ None, or those identified below.

NRA Instructor: Certified Areas: _____ Number years: _____

Law Enforcement Firearms Instructor: Certified Areas: _____ Number years: _____

Military Firearms Instructor: Certified Areas: _____ Number years: _____

USPSA/IPSC Range Officer: Certified Areas: _____ Number years: _____

GSSF Safety Officer: Certified Areas: _____ Number years: _____

Currently assisting as safety officer, scorekeeper at local matches: _____ Number of matches: _____

Any other training or commission: _____

Current Shooting Experience: _____ None, or those identified below.

Local Club Matches: Identify approximate number of matches shot

IDPA: _____ USPSA/IPSC: _____ ICORE: _____ SASS: _____ GSSF: _____ NRA: _____

Sanctioned Matches: Identify approximate number of matches shot

IDPA: _____ USPSA/IPSC: _____ ICORE: _____ SASS: _____ GSSF: _____ NRA: _____

Any other training or commission: _____

Hunter: _____ Yes _____ No _____ Plinking: _____ Yes _____ No _____

Expectations:

Willing to attend and successfully complete the Safety Officer Training Course: Yes _____

Willing to demonstrate your ability to safely handle a firearm: Yes _____

Willing to work a minimum of 2 IDPA matches per year: Yes _____

My signature acknowledges that I can legally own or be around and handle firearms.

Signature: _____ Date: _____