

## 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: UDPL Club IDPA Officer: Daniel Leaberry

Officer Contact Information: Phone: 801-210-1088 Cell: 801-376-6411 Email: leaberry@gmail.com

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: \_\_\_\_\_