



Application Form
CIVILIAN MARKSMANSHIP PROGRAM
State Director

Please type or print the information requested on this application. Leave blank any section where you have no information to provide. If you have more information to provide, please attach a separate sheet of paper. Please mail the completed application to: CMP-SD Coordinator, PO Box 576, Port Clinton, Ohio 43452. If you have any questions, please contact Lue Sherman at (419) 635-2141 ext. 707 or via email at lsherman@thecmp.org

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No./Email:

Home: () _____ Email: _____

Work: () _____ Email: _____

Fax: () _____

What is your profession? _____

Status: Full-time Part-time Retired

Do you own or have access to a computer with a word processing program and a database program on which you can maintain a directory of junior program resources within your state?

Yes No

Please indicate the following organizations which you are currently affiliated with:

USA Shooting NRA American Legion CMP Affiliated Club

VFW State Shooting Sports Association

Other Shooting Sports Organizations _____

If yes, please list the shooting disciplines in which you have experience and the highest competitive classification you achieved in each discipline:

Do you have shooting coach experience? Yes No

Do you have experience running and/or supporting shooting tournaments? Yes No
If yes, please describe:

Coaching Education? Please list or describe the coach certifications you have obtained and/or the coach courses you have completed:

Please indicate if you are currently working with any of the following youth shooting programs.

- JROTC Young Marines Sea Cadet Corps BSA (all programs)
 FFA 4-H PAL American Legion High School Varsity
 Jaycee Shooting Education Other _____

Have you organized new or innovative ways to promote junior shooting or youth marksmanship or firearms safety training? If yes, please describe:

Have you held youth shooting sports leadership positions in organizations other than your local club or team? If yes, please describe:

If you are appointed as the CMP State Director for your state, please list your short term (one year) goals:

If you are appointed as the CMP State Director for your state, please list your long term (three to five years) goals:

Can you attend, at the CMP expense, the National Youth Shooting Leadership Conference held every two years?

Yes No

Please return completed application to:

CMP-SD Coordinator
PO Box 576
Port Clinton, OH 43452

Attn: Lue Sherman