



Safety Officer Training Questionnaire

Personal and Contact Information:

Name: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

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

Sponsorship:

IDPA Club sponsoring you for training: _____

IDPA Club Officer or SO Mentor: _____

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

Memberships:

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: _____

Other not listed: _____

Current Firearm Instructor Experience:

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

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

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

USPSA/IPSC/ICORE Range Officer: Number years: _____

Current Shooting Experience:

Local Club Matches: Identify approximate number of matches shot

IDPA: _____ USPSA/IPSC: _____ ICORE: _____

Sanctioned Matches: Identify approximate number of matches shot

IDPA: _____ USPSA/IPSC: _____ ICORE: _____

Any other training or competition: _____

Expectations: (Enter "YES" or "NO")

I am willing to provide supporting documentation for the information provided, if requested:

I am willing to attend and successfully complete the Safety Officer Training Course:

I am willing to demonstrate my ability to safely handle a firearm:

I am willing to work a minimum of 2 IDPA matches per year:

I am legally allowed to possess, handle, and be in the presence of firearms:

My signature acknowledges that the information I have provided is complete and correct.

Signature: _____ Date: _____