Safety Officer Training Questionnaire

PLEASE COMPLETE THIS FORM ELECTRONICALLY AND EMAIL TO YOUR SOI.

This form is designed for use with Adobe Acrobat Reader. If you are using another PDF viewer, some features may not work properly. If you encounter issues, please make sure to verify you are utilizing the most recent version of this viewer.

Personal and Contact Information:

Name: _____ Age: _____

Phone: _____ Email: _____

IDPA #: _____ Joined(YY/MM): _____ Expires (YY/MM): _____

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: (Y/N) ____

Number of matches completed: _____

Expectations: Initial for YES

I am willing to provide supporting documentation, 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: 2022-06-20