



Safety Officer Training Questionnaire

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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:

YES 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: _____