



Outdoor Adventure Center Advisory Board Application

Please attach additional sheets if needed.

Date Submitted: _____

Which Appointment with the OAC Board are you applying for? (Please circle one)

4-H Leader and/or Extension Board member OAC archery range volunteer member from the community at-large

4-H Shooting Sports Board member OAC pistol range volunteer

Last Name: _____ First: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Describe Why You are Interested in this Board:

Amount of Time Available:

List Any Relevant Educational Experience:

List Any Relevant Professional Experience:

Other Community Involvement/Activities/Service Organizations in which You are Involved:

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