

## NATIONAL RIFLE ASSOCIATION REFUSE TO BE A VICTIM® INSTRUCTOR APPLICATION

		Fax Number
Address	Email	
City	State	Zip Code
Company	Occupation	Business Phone
Clubs, Organizations, or Affiliations (NRA membersh	nip)*	
Name	Status (officer,	member, volunteer, etc.)
* NRA membership is not mandatory, but is preferred.		
Experience Please list your previous experience with instructing others	(i.e. CPR, First Aid, self-de	efense courses, computer training,
Subject	Age Group	Year 
Subject	Age Group	Year
Are you a current active NRA Certified Instructor?	□ Yes	Year
Are you a current active NRA Certified Instructor?  If yes, please list the certified disciplines  Have you been convicted of a crime?  If yes, please describe the crime and the punishment	□ Yes	□ No

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## **Training** Please list your experience with giving presentations, lectures, seminars, direct sales pitches or any speech courses (college, Toastmaster, etc.) you have completed. Attach copies of certificates of completion for any such courses. **Course Title School or Organization Name Year Completed** Please list any other training experience you feel might enhance your ability to instruct others in Refuse To Be A Victim<sup>®</sup>. What has been your motivation to become a Refuse To Be A Victim<sup>®</sup> instructor? What do you hope to accomplish through involvement with the Refuse To Be A Victim® program? Please attach additional sheets if necessary. **Signature** Date **Please send to:** National Rifle Association Refuse To Be A Victim® 11250 Waples Mill Road Fairfax, Virginia 22030 Fax: (703) 267-3994 Email: refuse@nrahq.org (questions only, no applications) Office Use Only Referred By: Interview: IDW to Attend: