



LEVEL 3 - 4 EXAMINER & EXAMINER TRAINER Recommendation *
Pennsylvania 4-H Horsemanship Skills

District _____

Name _____

Address _____

County _____

Phone home _____ work _____

FAX _____ E-MAIL _____

Check one: extension educator _____
screened volunteer _____

I certify that the above person has completed the 4-H volunteer screening process,
and recommend him/her as a Level 3-4 Examiner.

County Extension Educator signature _____

Date _____

I/we recommend that the above person as a:
Level 3-4 Examiner Examiner Trainer (Circle one or both as applicable.)

Examiner Trainer(s) signature _____

Date _____

* Subject to approval by PA 4-H Horse Program Development Committee

Upon completion of certification, please return this form to:

Extension Horse Specialist (Youth)
Penn State University
324 Henning Bldg.
University Park, PA 16802-3503