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 Examiners 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