



Sierra Vista Shooting Range

S.V.S.R. Range Safety Officer Application

Please print clearly. If we cannot read your information we cannot contact you.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Email:** _____

Physical Limitations, (if any) _____

As one of our Range Safety Officers, you are required to be a current member of one of the below listed clubs:

Sierra Vista Rod & Gun Club

Cochise Gun Club

Are you available to volunteer on: **Weekdays** **Weekends**

Please return this completed form to either the SVSR public range, or mail to:

Sierra Vista Shooting Range. P.O. Box 453. Sierra Vista, AZ. 85636

We require that you are able to perform 9 shifts annually. If you are able to become a designated fixed shift on our calendar we will greatly appreciate it!

Signature: _____ **Date:** _____

