

VOLUNTEER SERVICE APPLICATION—NATURAL & CULTURAL RESOURCES

The volunteer application helps public lands officials and potential volunteers determine if there are volunteer opportunities that are a good match for the skills and interests identified. All volunteers are required to complete a volunteer agreement once they have identified and committed to a specific volunteer activity. Mark in the appropriate boxes and print or type all responses.

1. Name (Last, First, Middle)	2. Age	3. Telephone Number () -	4. Email Address
5. Street Address, Apt. #		6. City, State, and Zip Code	
7. Which general categories are you most interested in volunteering? Check all that apply.			
<input type="checkbox"/> Archaeology	<input type="checkbox"/> GIS/GPS	<input type="checkbox"/> Research/Librarian	
<input type="checkbox"/> Botany	<input type="checkbox"/> Fish/Wildlife	<input type="checkbox"/> Soil/Watershed	
<input type="checkbox"/> Campground/Site host	<input type="checkbox"/> Historical/Preservation	<input type="checkbox"/> Timber/Fire prevention	
<input type="checkbox"/> Campground maintenance	<input type="checkbox"/> Pest/Disease control	<input type="checkbox"/> Trail maintenance	
<input type="checkbox"/> Construction maintenance	<input type="checkbox"/> Minerals/Geology	<input type="checkbox"/> Tour guide/Interpretation	
<input type="checkbox"/> Computers	<input type="checkbox"/> Natural resources planning	<input type="checkbox"/> Visitor information	
<input type="checkbox"/> Conservation education	<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Other (Please specify)	
<input type="checkbox"/> Range/Livestock			
8. What qualifications, skills, or experiences do you have that you would like to use as a volunteer? Check all that apply.			
<input type="checkbox"/> Backpacking/Camping	<input type="checkbox"/> Hand/Power tools	<input type="checkbox"/> Public speaking	
<input type="checkbox"/> Biology	<input type="checkbox"/> Heavy equipment operation	<input type="checkbox"/> Research/Librarian	
<input type="checkbox"/> Boat operation	<input type="checkbox"/> Horses - care/ riding	<input type="checkbox"/> Sign language	
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Landscaping/Reforestation	<input type="checkbox"/> Supervision	
<input type="checkbox"/> Clerical/Office machines	<input type="checkbox"/> Land surveying	<input type="checkbox"/> Other trade skills (Please specify)	
<input type="checkbox"/> Computer programming	<input type="checkbox"/> Livestock/Ranching	<input type="checkbox"/> Teaching	
<input type="checkbox"/> Drafting/Graphics	<input type="checkbox"/> Map reading or GIS/GPS	<input type="checkbox"/> Working with people	
<input type="checkbox"/> Driver's license	<input type="checkbox"/> Mountaineering	<input type="checkbox"/> Writing/Editing	
<input type="checkbox"/> First aid certificate	<input type="checkbox"/> Photography	<input type="checkbox"/> Other (Please specify)	
9. If you have a specific volunteer interest, please identify and describe your qualifications, skills, experiences, or education that may apply.			
10. Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, additional information may be required)			
11. a. Have you volunteered before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
b. If yes, please list the organization where you volunteered with a contact name and phone # or email address, and briefly describe what you did.			
12. Would you like to supervise other volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. What are some of your objectives for volunteering? (Optional)			
14. Please list any physical limitations that may impact your volunteer activities.			

15. a. Which months are you available to volunteer? Check all that apply.

January February March April May June
 July August September October November December

15b. How many hours per week would you be available for volunteer work? Hours

15c. Which days are you available to volunteer? Check all that apply.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

16. Specify states or locations where you would like to volunteer.

17. Specify your lodging needs:

I will furnish my own lodging (such as tent; camper; own, relative's, or friend's place)
 I will require assistance in finding lodging

18. If a volunteer assignment is not available at the location specified in box #16, do you want your application forwarded to another location or Federal agency seeking volunteers with your background or interests?

Yes No (Please specify)

19. How did you hear about this volunteer opportunity? Check all that apply.

Volunteer.gov Brochure
 Other internet or website Volunteer fair or event
 Advertisement Other (Specify)
 Word of mouth (friend, colleague, family member)

Public Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. USDA, DOI, DOC and DOD prohibit discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. Not all prohibited bases apply to all programs.

Notice to Volunteer

Volunteers are not considered Federal employees for any purposes other than tort claims and injury compensation. Volunteer service is not creditable for leave accrual or any other benefit. However, volunteer service is creditable work experience. By signing this application the volunteer(s) understand(s) s/he may be subject to a reference check, background check, and/or criminal history inquiry.

Privacy Act Statement

Collection and use is covered by Privacy Act System of Records OPM/GOVT-1 and USDA/OP-1, and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA and USDI for the purposes of tort claims and injury compensation. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.

20. Signature	21. Date
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