OMB 0596-0080

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 \square 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				
Campground maintenance Pest/Dise Construction maintenance Minerals/	life /Preservat ase contro Geology esources p erical	ion I	Resea	r. Arch/Librarian Vatershed er/Fire prevention maintenance guide/Interpretation or information r (Please specify)		
□ Boat operation □ Horses – 0 □ Carpentry □ Landscapi □ Clerical/Office machines □ Land surv □ Computer programming □ Livestock,	ver tools uipment o care/ ridin ing/Refore eying /Ranching ing or GIS, eering	peration g station	Public Resea Sign I Super Other Teach Work	c speaking arch/Librarian anguage rvision r trade skills (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?						
 a. Have you volunteered before? Yes 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?						
13. What are some of your objectives for volunteering? (Optional)						

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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					
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.					
 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 					
 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 Other internet or website Advertisement 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				