

## 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?    Yes    No (If no, additional information may be required)

11. 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?    Yes    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.

<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> 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.

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
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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.

<input type="checkbox"/> Volunteer.gov	<input type="checkbox"/> Brochure
<input type="checkbox"/> Other internet or website	<input type="checkbox"/> Volunteer fair or event
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> 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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## VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. <input type="checkbox"/> INDIVIDUAL		2. <input type="checkbox"/> GROUP	
3. NAME OF AGENCY		4. AGREEMENT #	
5. NAME OF VOLUNTEER (First, Last)		6. U.S. CITIZEN OR PERMANENT <input type="checkbox"/> RESIDENT Yes <input type="checkbox"/> No, list visa type _____	
7. NAME OF GROUP		8. NAME OF GROUP CONTACT (First, Last)	
9. STREET ADDRESS		10. CITY, STATE, ZIP CODE	
11. EMAIL ADDRESS	12. PHONE Home: Mobile:	13. AGE <input type="checkbox"/> Under 15 <input type="checkbox"/> 15 - 18 <input type="checkbox"/> 19 - 25 <input type="checkbox"/> 26 - 35 <input type="checkbox"/> 36 - 54 <input type="checkbox"/> 55 and Older	
14. <b>ETHNICITY &amp; RACE (Optional):</b> Please report both ethnicity and race and tell us if you are a veteran or have a disability. Multiracial respondents may select two or more races. This information will inform our understanding of diversity and inclusion among the			
14a. <b>Ethnicity</b> (Select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	14b. <b>Race</b> (Select one or more, regardless of ethnicity): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	14c. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		14d. Do you have disability?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>EMERGENCY CONTACT INFORMATION</b>			
15. NAME (Last, First)		16. PHONE	17. EMAIL ADDRESS
18. STREET ADDRESS		19. CITY, STATE, ZIP CODE	
<b>GOVERNMENT OFFICIAL COMPLETES THIS SECTION</b>			
20. AGENCY CONTACT NAME (Last, First)		21. AGENCY CONTACT EMAIL & PHONE	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Type and Rate of Reimbursement:		23. VOLUNTEER POSITION/GROUP PROJECT TITLE:	
24. <b>Description of service to be performed.</b> Provide a brief abstract of volunteer or service activity and the location of the volunteer activity, and attach description of service to be performed. Service description should include details such as time and schedule commitment, use of government vehicle, use of personal equipment and/or vehicle, skills required (note certifications if necessary), level of physical activity required, etc. <u>If this is a group Agreement, the leader is to provide the group name and attach a complete list of group participants or optional form 301b for each volunteer.....</u>			
<b><u>VOLUNTEER/SERVICE ACTIVITY ABSTRACT:</u></b>			
25. <b>Check all that apply:</b> <input type="checkbox"/> Description of service attached <input type="checkbox"/> List of group participants/optional form 301b attached <input type="checkbox"/> Job Hazard Analysis <input type="checkbox"/> Valid Driver's License Verified (if required)			

<b>PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18</b>	
26. PARENT OR LEGAL GUARDIAN (First, Last)	27. PHONE Home: Mobile:
28. EMAIL ADDRESS	
29. STREET ADDRESS	30. CITY, STATE, ZIP CODE
31. I affirm that I am the parent/guardian of the above named volunteer. I understand that the agency volunteer program does not provide compensation, except as otherwise provided by law; and that the service will not confer on the volunteer the status of a Federal employee. I have read the attached description of the service that the volunteer will perform. I give my permission for _____ to participate in the specified volunteer activity. <div style="text-align: center;">(NAME OF YOUTH)</div>	
32. Parent/Guardian Signature	Date
<b>VOLUNTEER &amp; GROUP LEADER AFFIRMATION</b>	
<p>33. I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees for any purpose other than tort claims and injury compensation. I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the government or I may cancel this agreement at any time by notifying the other party. I understand that my volunteer position may require a reference check, background investigation, and/or a criminal history inquiry in order for me to perform my duties. I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the attached job description, will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws. I understand the health and physical condition requirements for doing the work as described in the job description and at the project location, and certify that the statements I have checked below are true:</p> <p><input checked="" type="checkbox"/> I or group leader know of no medical condition or physical limitation that may adversely affect my or members of the group ability to provide this service. If a group see attached OF301b.</p> <p><input type="checkbox"/> I or a member of the group have a medical condition or physical limitation that may adversely affect my ability to provide this service and have informed the Government Representative. If a member of a group see attached OF301b.</p> <p><input type="checkbox"/> I or group member do not consent to being photographed or to the release of my photographic image. If a member of a group see attached OF301b.</p>	
<p><b>I do hereby volunteer my services as described above, to assist in authorized activities at _____ and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group.</b> <div style="text-align: right;">(NAME OF FEDERAL AGENCY)</div></p>	
34. Signature of Volunteer or Group Leader	Date
<p>The above-named agency agrees, while this arrangement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the service described above, and to consider you as a Federal employee only for the purposes of tort claims, liability and injury compensation to the extent not covered by your volunteer group, if any.</p>	
35. Signature of Government Representative	Date
<b>TERMINATION OF AGREEMENT</b>	
36. Agreement Terminated Date:	Total Hours Completed:
37. Signature of Government Representative:	
<b>PUBLIC BURDEN STATEMENT</b>	
<p>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.</p>	
<b>PRIVACY ACT STATEMENT</b>	
<p>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.</p>	