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| 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 boxesand 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. | | | | | | | | | | | | |
| Archaeology  Botany  Campground/Site host  Campground maintenance  Construction maintenance  Computers  Conservation education | | GIS/GPS  Fish/Wildlife  Historical/Preservation  Pest/Disease control  Minerals/Geology  Natural resources planning  Office/Clerical  Range/Livestock | | | | | Research/Librarian  Soil/Watershed  Timber/Fire prevention  Trail maintenance  Tour guide/Interpretation  Visitor information  Other (Please specify) | | | | | |
| 8. What qualifications, skills, or experiences do you have that you would like to use as a volunteer? Check all that apply. | | | | | | | | | | | | |
| Backpacking/Camping  Biology  Boat operation  Carpentry  Clerical/Office machines  Computer programming  Drafting/Graphics  Driver’s license  First aid certificate | | Hand/Power tools  Heavy equipment operation  Horses – care/ riding  Landscaping/Reforestation  Land surveying  Livestock/Ranching  Map reading or GIS/GPS  Mountaineering  Photography | | | | | | Public speaking  Research/Librarian  Sign language  Supervision  Other trade skills (Please specify)  Teaching  Working with people  Writing/Editing  Other (Please specify) | | | | |
| 9. If you have a specific volunteer interest, please identify and describe your qualifications, skills, experiences, or education that may apply. | | | | | | | | | | | | |
| 1. Are you a United States Citizen?  Yes  No (If no, additional information may be required) | | | | | | | | | | | | |
| 1. 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. | | | | | | | | | | | | |
| 1. Would you like to supervise other volunteers?  Yes  No | | | | | | | | | | | | |
| 1. What are some of your objectives for volunteering? (Optional) | | | | | | | | | | | | |
| 1. Please list any physical limitations that may impact your volunteer activities. | | | | | | | | | | | | |
| 1. a. Which months are you available to volunteer? Check all that apply. | | | | | | | | | | | | |
| January  July | February  August | | March  September | | | April  October | | | May  November | | | June  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 | | | | | | | | | | | | |
| 1. Specify states or locations where you would like to volunteer. | | | | | | | | | | | | |
| 1. 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 | | | | | | | | | | | | |
| 1. 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) | | | | | | | | | | | | |
| 1. 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. | | | | | | | | | | | | |
| 1. Signature | | | | | | | | | | | 21. Date | |