Date Re	uested	
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GROUP NAME:		CONTACT PERSON:	
Number of Volunteers:		Address:	
Age(s) of Group:			
Tell us about your group (mission, values, and special skills). Please limit to space provided:		Cell (if available): Work/Home (if	
Will your group have vehicles available for transporting volunteers to the work site?	(Limit of 8 or less vehicles for parking in Yellow Pine. Dependent on site assignment)	available):	
List <u>Project Numbers</u> * in c	order of preference:		
1st Choice	Check this box if you do not need assistance in finding camping (but agree to all other project details)		
2 nd Choice			
3 rd Choice	_		
ht	*For <u>project numbers</u> please see the group cattes://www.nps.gov/yose/getinvolved/supportyo		
	e-standard, please use the box below. Know the candard, provide <i>all</i> of the following information	-	

You will be notified via email regarding your assignment.

Please submit request(s) to: yose_volunteers@nps.gov

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. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program may not proceed.