# Birthdate expressed as: Month/Day/ Year: / /

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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  GIS/GPS  Research/Librarian  Botany  Fish/Wildlife  Soil/Watershed  Campground/Site host  Historical/Preservation  Timber/Fire prevention  Campground maintenance  Pest/Disease control  Trail maintenance  Construction maintenance  Minerals/Geology  Tour guide/Interpretation  Computers  Natural resources planning  Visitor information  Conservation education  Office/Clerical  Range/Livestock  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  Hand/Power tools  Public speaking  Biology  Heavy equipment operation  Research/Librarian  Boat operation  Horses – care/ riding  Sign language  Carpentry  Landscaping/Reforestation  Supervision  Clerical/Office machines  Land surveying  Livestock/Ranching  Computer programming  Map reading or GIS/GPS  Drafting/Graphics  Driver’s license  Mountaineering  Photography  First aid certificate  Teaching  Working with people  Writing/Editing  Other trade skills (Please specify)  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. 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 |
| 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) |
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| 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 Date |