

Volunteer Application for Natural Resources Agencies

Instructions: Mark "x" in the appropriate boxes.
For other items, either print or type responses
If extra space is needed use item 17.

1. Name (Last, First, Middle)

2. Age

3. Telephone Number

4. Email Address

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5. Street Address (include apartment no., if any)

6. City, State, and Zip Code

7. Which general volunteer work categories are you most interested in?

- | | | |
|---|---|---|
| <input type="checkbox"/> Archeology | <input type="checkbox"/> Historical/ Preservation | <input type="checkbox"/> Soil/ Watershed |
| <input type="checkbox"/> Botany | <input type="checkbox"/> Pest/Disease Control | <input type="checkbox"/> Timber/Fire Prevention |
| <input type="checkbox"/> Campground Host | <input type="checkbox"/> Minerals/ Geology | <input type="checkbox"/> Trail/Campground Maintenance |
| <input type="checkbox"/> Construction Maintenance | <input type="checkbox"/> Natural Resources Planning | <input type="checkbox"/> Tour Guide/Interpretation |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Visitor Information |
| <input type="checkbox"/> Conservation Education | <input type="checkbox"/> Range/Livestock | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Fish/Wildlife | <input type="checkbox"/> Research/Librarian | |

8. What qualifications/skills/experience/education do you have that you would like to use in your volunteer work?

- | | | |
|---|--|--|
| <input type="checkbox"/> Backpacking/Camping | <input type="checkbox"/> Heavy Equipment Operation | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Horses – Care/ Riding | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Boat Operation | <input type="checkbox"/> Landscaping/Reforestation | <input type="checkbox"/> Other Trade skills (Please specify) |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Land Surveying | |
| <input type="checkbox"/> Clerical/Office Machines | <input type="checkbox"/> Livestock/Ranching | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Map reading | <input type="checkbox"/> Working with People |
| <input type="checkbox"/> Drafting/Graphics | <input type="checkbox"/> Mountaineering | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Photography | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> First Aid Certificate | <input type="checkbox"/> Public Speaking | |
| <input type="checkbox"/> Hand/Power Tools | <input type="checkbox"/> Research/Librarian | |

9. Based on boxes checked in items 7 and 8, what particular type of volunteer work would you like to do? (Please describe any specific qualifications, skills, experience, or education that apply.)

- 10 a. Have you volunteered before? Yes No
b. If Yes, please briefly describe your volunteer experience.

11. Would you like to supervise other volunteers? Yes No

12. What are some of your objectives for working as a volunteer? (Optional)

13. Please specify any physical limitations that may influence your volunteer work activities:

14a. Which months would you be available for volunteer work?

- January February March April May June
 July August September October November December

14b. How many hours per week would you be available for volunteer work? Hours

14c. Which days per week would you be available for volunteer work?

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

15. Specify at least three states or specific locations within a state where you would like to do volunteer work.

16. Specify your lodging requirements:

- I will furnish my own lodging (such as tent; camper; own, relative's, or friend's place)
 I will require assistance in finding lodging

17. If a volunteer assignment is not available at the location specified in item 14, do you want your application forwarded to another location or Federal agency seeking volunteers with your background/interest?

- Yes No (Please specify)

18. This is provided for more detailed responses. Please indicate the item numbers to which these responses apply:

Public Burden Statement

Public reporting burden for this collection of information 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Forest Service, 1621 N. Kent Street, Room 800 RPE, Arlington, VA Attention: Clearance Officer; and to the Office of the Management and Budget, Paperwork Reduction Project (OMB# 0596-0080), Washington, DC 20503.

Notice to Volunteer

Volunteers are not considered to be 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.

Privacy Act Statement

Following information is provided to comply with the Privacy Act (PL 93-579). 5 U.S.C. 301 and 7 CFR 260 authorize acceptance of the information requested on this form. The data will be used to contact applicants and to interview, screen, and select them for volunteer assignments. Furnishing this data is voluntary.

18. Signature (Sign in ink)

19. Date