Volunteer Application for Natural Resources Agencies		Instructions: Mark ☑ in the appropriate boxes, for other items either print or type responses. If extra space is needed use item 18.		
Name (Last, First, Middle)	2. Age	3. Telephone Number ( ) -	4. Email Address	
5. Street Address (include apartment no., if any)		6. City, State, and Zip Code		
Botany Pes Campground Host Min Construction Maintenance Nat Computers Offic Conservation Education Rar Fish/Wildlife Res  8. What qualifications/skills/experience/education	torical/ Pres t/Disease C erals/ Geolo ural Resour ce/Clerical nge/Livestoc search/Libra do you have	ervation	-	
Biology Hor Lan  Boat Operation Lan  Carpentry Lan  Clerical/Office Machines Live  Computer Programming Map  Drafting/Graphics Mou  Driver's License Pho  First Aid Certificate Pub	ses – Care/	eforestation	Sign Language Supervision Other Trade skills (Please specify)  Teaching Working with People Writing/Editing Other (Please specify)	
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. Are you a United States Citizen? Yes No (If no, additional information may be required)				
11. a. Have you volunteered before?				
12. Would you like to supervise other volunteers?   Yes   No				
13. What are some of your objectives for working as a volunteer? (Optional)				
14. Please specify any physical limitations that may influence your volunteer work activities:				

15. a. Which months would you be available for volunteer work?    January	June December			
15b. How many hours per week would you be available for volunteer work? Hours				
15c. Which days per week would you be available for volunteer work?				
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday				
16. Specify at least three states or specific locations within a state where you would like to do volunteer work.				
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 item 16, do you want your application forwarded to				
another location or Federal agency seeking volunteers with your background/interests?				
☐ Yes ☐ No (Please specify)				
19. This is provided for more detailed responses. Please indicate the item numbers to which these responses apply:				
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.				
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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				
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(Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official	of 5 USC 552a records of			
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(Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official volunteers of the USDA and USDI for the purposes of tort claims and injury compensation. Furnishing this data is voluntary, however incomplete, enrollment in the program cannot proceed.	of 5 USC 552a records of if this form is			
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