OMB Control Number: 0596-0080 Expiration Date: 12/31/2017

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 19.		
1. 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		
7. Which general volunteer work categories are you n	nost interested i	n?		
	storical/Preserva	<u> </u>	Soil/Watershed	
	Pest/Disease Control			
	Minerals/Geology Trail/Campground Maintenance			
	Natural Resources Planning			
	fice/Clerical		/isitor Information	
	☐ Range/Livestock ☐ Other (Please specify)			
☐ Fish/Wildlife ☐ Research/Librarian				
8. What qualifications/skills/experience/education do you have that you would like to use in your volunteer work?				
	avy Equipment	_	Sign Language	
	rses - Care/Rid		Supervision	
	ndscaping/Refo	restation (Other Trade skills (Please specify)	
	nd Surveying			
	estock/Ranchin	_		
	p Reading		Teaching	
	ountaineering		Vorking with People	
	otography		Vriting/Editing	
	blic Speaking		Other (Please specify)	
	search/Librariai			
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?				
b. If Yes, please briefly describe your volunteer experience.				
12. Would you like to supervise other volunteers?				
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:				

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15a. Which months would you be available for volunteer work?					
_ January _ February _ March _ April _ May _ Ju	ne				
☐ July ☐ August ☐ September ☐ October ☐ November ☐ Determinent	cember				
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 backgrounds/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.					
The U.S. Department of Agriculture (USDA) and U.S. Department of the Interior 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.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).					
To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202)720-6382 (TDD). USDA and USDI are equal opportunity providers and employers.					
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 for is incomplete, enrollment in the program cannot proceed.					
20. Signature (Sign in ink)	21. Date				
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