



DEPARTMENT OF THE ARMY
FORT WORTH DISTRICT, CORPS OF ENGINEERS

REPLY TO
ATTENTION OF

Trinity Regional Office

Dear Volunteer:

Thank you for your interest in being a part of our Team! The U.S. Army Corps of Engineers at the Trinity Regional Lakes is a diverse team of employees, contractors and volunteers; working together, we provide high-quality outdoor recreation and natural resources experiences while providing Flood Damage Reduction for our down stream communities and Water Supply for the surrounding cities. Your enthusiasm for stewarding our nation's public lands is vital to the success of our missions and our ability to serve the American public.

Our Team works and plays hard. Please review the attached information and if you're ready to take on the challenge of being a team member, return the completed copy of the *Volunteer Application for Natural Resources Agencies*, the background consent and 3 references (preferably from volunteer positions) to me via one of the following:

Mail: Volunteer Coordinator
U.S. Army Corps of Engineers
1801 N Mill Street
Lewisville, TX 75057

Fax: 469-645-9101 (fax)
Email: dorie.murphy@.usace.army.mil

If you have any question please call me at 469-645-9075. Thank you again!

Sincerely,

Dorie Murphy
Community Resources Coordinator
Trinity Regional Lakes

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 18.	
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 most interested in?	
<input type="checkbox"/> Archeology <input type="checkbox"/> Botany <input type="checkbox"/> Campground Host <input type="checkbox"/> Construction Maintenance <input type="checkbox"/> Computers <input type="checkbox"/> Conservation Education <input type="checkbox"/> Fish/Wildlife		<input type="checkbox"/> Historical/ Preservation <input type="checkbox"/> Pest/Disease Control <input type="checkbox"/> Minerals/ Geology <input type="checkbox"/> Natural Resources Planning <input type="checkbox"/> Office/Clerical <input type="checkbox"/> Range/Livestock <input type="checkbox"/> Research/Librarian	
<input type="checkbox"/> Soil/ Watershed <input type="checkbox"/> Timber/Fire Prevention <input type="checkbox"/> Trail/Campground Maintenance <input type="checkbox"/> Tour Guide/Interpretation <input type="checkbox"/> Visitor Information <input type="checkbox"/> Other (Please specify)		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"/> Biology <input type="checkbox"/> Boat Operation <input type="checkbox"/> Carpentry <input type="checkbox"/> Clerical/Office Machines <input type="checkbox"/> Computer Programming <input type="checkbox"/> Drafting/Graphics <input type="checkbox"/> Driver's License <input type="checkbox"/> First Aid Certificate <input type="checkbox"/> Hand/Power Tools		<input type="checkbox"/> Heavy Equipment Operation <input type="checkbox"/> Horses – Care/ Riding <input type="checkbox"/> Landscaping/Reforestation <input type="checkbox"/> Land Surveying <input type="checkbox"/> Livestock/Ranching <input type="checkbox"/> Map reading <input type="checkbox"/> Mountaineering <input type="checkbox"/> Photography <input type="checkbox"/> Public Speaking <input type="checkbox"/> Research/Librarian	
<input type="checkbox"/> Sign Language <input type="checkbox"/> Supervision <input type="checkbox"/> Other Trade skills (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 a. Have you volunteered before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
b. If Yes, please briefly describe your volunteer experience.			
11. Would you like to supervise other volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> 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:			

<p>14a. Which months would you be available for volunteer work?</p> <p> <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December </p>	
<p>14b. How many hours per week would you be available for volunteer work? Hours</p>	
<p>14c. Which days per week would you be available for volunteer work?</p> <p> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday </p>	
<p>15. Specify at least three states or specific locations within a state where you would like to do volunteer work.</p>	
<p>16. Specify your lodging requirements:</p> <p> <input type="checkbox"/> I will furnish my own lodging (such as tent; camper; own, relative's, or friend's place) <input type="checkbox"/> I will require assistance in finding lodging </p>	
<p>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?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No (Please specify) </p>	
<p>18. This is provided for more detailed responses. Please indicate the item numbers to which these responses apply:</p>	
<p>Burden Statement</p>	
<p><i>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.</i></p> <p><i>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).</i></p> <p><i>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.</i></p>	
<p>Notice to Volunteer</p>	
<p><i>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.</i></p>	
<p>Privacy Act Statement</p>	
<p><i>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.</i></p>	
<p>19. Signature (Sign in ink)</p>	<p>20. Date</p>



Background Consent/Release Form

Lake Name: _____

Applicant's Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: _____ Date: _____

Signature: _____

PRIVACY ACT NOTICE: Individuals asked or required to furnish personal information are advised of the following:

AUTHORITY: 33 U.S.C. § 569c

PURPOSE AND USES: Your completed application will be reviewed solely in conjunction with the selection process for determining eligibility for participation in the Corps of Engineers Volunteer program.

EFFECTS OF NONDISCLOSURE: Personal information provided is given on a voluntary basis. Failure to do so, however, may result in ineligibility for participation in the Corps of Engineers Volunteer program.