

<b>Volunteer Application for Natural Resources Agencies</b>		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		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.)	
<hr/>			
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:			



Property Address: \_\_\_\_\_

Anticipated Move-in Date: \_\_\_\_\_

Applicant was referred by: \_\_\_\_\_ (name) \_\_\_\_\_ (phone)

Newspaper  Sign  Internet  Other \_\_\_\_\_

Applicant's name (first, middle, last) \_\_\_\_\_

Is there a co-applicant?  yes  no

E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile/Pager \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Driver License No. \_\_\_\_\_ in \_\_\_\_\_ (state)

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_ Marital Status \_\_\_\_\_ Citizenship \_\_\_\_\_ (country)

Emergency Contact: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name all other persons who will occupy the \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
(city, state, zip)

Landlord's Name: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Nt: \_\_\_\_\_ Mb: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Moved-In \_\_\_\_\_ Move-Out Date \_\_\_\_\_ Rent \$ \_\_\_\_\_

Reason for move: \_\_\_\_\_

Applicant's Previous Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
(city, state, zip)

Previous Landlord's Name: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Nt: \_\_\_\_\_ Mb: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Moved-In \_\_\_\_\_ Date Moved-Out \_\_\_\_\_ Rent \$ \_\_\_\_\_

Reason for move: \_\_\_\_\_

Applicant's Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_ (street, city, state, zip)

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Start Date: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_ Position: \_\_\_\_\_

Applicant's Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ (street, city, state, zip)

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_ Position: \_\_\_\_\_

List all vehicles to be parked on the Property:

<u>Type</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>License/State</u>	<u>Mo.Pymt.</u>

List all pets to be kept on the Property (dogs, cats, birds, reptiles, fish, and other pets):

<u>Type &amp; Breed</u>	<u>Name</u>	<u>Color</u>	<u>Weight</u>	<u>Age</u>	<u>Gender</u>	<u>Rabies</u>

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

For \_\_\_\_\_ On \_\_\_\_\_, \_\_\_\_\_ (name/initials) notified  Applicant  \_\_\_\_\_  
by  phone  mail  e-mail  fax  in person that Applicant was  approved  not approved.



## AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_ (Applicant), have submitted an application  
to I \_\_\_\_\_ located at \_\_\_\_\_  
\_\_\_\_\_ (address, city, state, zip).

representative is:

\_\_\_\_\_ (name)  
\_\_\_\_\_ (address)  
\_\_\_\_\_ (city, state, zip)  
\_\_\_\_\_ (phone) \_\_\_\_\_ (fax)  
\_\_\_\_\_ (e-mail)

I give my permission:

- (1) to my current and former employers to release any information about my employment history and income history to the above-named person;
- (2) to my current and former landlords to release any information about my rental history to the above-named person;
- (3) to my current and former mortgage lenders on property that I own or have owned to release any information about my mortgage payment history to the above-named person;
- (4) to my bank, savings and loan, or credit union to provide a verification of funds that I have on deposit to the above-named person; and
- (5) to the above-named person to obtain a copy of my consumer report (credit report) from any consumer reporting agency and to obtain background information about me.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



## Background Consent/Release Form

Organization 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:

\_\_\_\_\_

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



The Rehabilitation Act of 1973 (P.L. 93-112) requires each agency in the Executive Branch of the Federal Government to establish definite programs that will facilitate the hiring, placement, and advancement of handicapped individuals. The best means of determining agency progress in this respect is through the production of reports at certain intervals showing such things as the number of handicapped employees hired, promoted, trained, or reassigned over a given period of time; the percentage of handicapped employees in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, the Office of Personnel Management (OPM), and the Congress deficiencies within specific agencies or the Federal Government as a whole in the hiring, placement, and advancement of handicapped individuals and, therefore, are the essential first step in improving these conditions and consequently meeting the requirements of the Rehabilitation Act.

The handicap data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to the one or two individuals in the agency Personnel Office who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the handicap reporting system is entirely voluntary, **with the exception of employees appointed under Schedule A, section 213.3102(t) (Mental Retardation); Schedule A, section 213.3102(u) (Severely Physically Handicapped); and Schedule B, section 213.3202(k) (Mentally Restored).** These employees will be requested to identify their handicap status and if they decline to do so, their correct handicap code will be obtained from medical documentation used to support their appointment. No other employees will be required to identify their handicap status if they feel for any reason it is not in their best interest to have this information officially recorded outside of medical records. We request only that anyone not wishing to have this information entered in the agency's and OPM's personnel systems indicate this to their Personnel Office, rather than intentionally miscoding themselves, since false responses will seriously damage the statistical value of the reporting system.

[In those instances where the employee is or was hired under Schedule A, section 213.3102(t) (Mental Retardation), the Personnel Director or his/her designee (a Vocational Rehabilitation Counselor may also be helpful) **will assist the individual in completing this form and ensure that the employee fully understands the meaning of the form and the options available to him/her, as noted above.**]

Employees will be given every opportunity to ensure that the handicap code carried in their agency's and OPM's personnel systems is accurate and is kept current. They may exercise this opportunity by asking their Personnel Officer to see a printout of the code and definition from their record, by notifying Personnel any time their handicap status changes, and by initiating action in either of these cases to have the necessary changes made to their records. The code carried on employees in their agency's system will be identical to that carried in OPM's system, and any change to the agency records will result in the same change being made to OPM's records.

Your cooperation and assistance in establishing and maintaining an accurate and up-to-date handicap report system is sincerely appreciated.

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## PRIVACY ACT STATEMENT

Collection of the requested information is authorized by the Rehabilitation Act of 1973 (P.L. 93-112). The information you furnish will be used for the purpose of producing statistical reports to show agency progress in hiring, placement, and advancement of handicapped individuals and to locate individuals for voluntary participation in surveys. The reports will be used to inform agency top management, the Office of Personnel Management (OPM), the Congress, and the public of the status of programs for employment of the handicapped. All such reports will be in the form of aggregate totals and will not identify you in any way as an individual.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. Your SSN will only be used to ensure that your correct handicap code is recorded along with the other employee information that your agency and OPM maintain on you. Furnishing your SSN or any other of the requested data for this collection effort is voluntary and failure to do so will have no effect on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data.

Employees appointed under Schedule A, section 213.3102(t) (Mental Retardation), Schedule A, section 213.3102(u) (Severely Physically Handicapped), or Schedule B, section 213.3202(k) (Mentally Restored) are requested to furnish an accurate handicap code, but failure to do so will have no effect on them. Where employees hired under one of these appointments fail to disclose their handicap, however, the appropriate code will be determined from the employee's existing records or medical documentation submitted to justify the appointment.