OMB No 0596-0080 Expires 8/31/07

| 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. |                  |  |                               |  |
|--|--|--|--|------------------|--|-------------------------------|--|
| Name (Last, First, Middle)   |  | 2. Age   |  | 3. Telephone N   | lumber   | 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?   |  |  |  |                  |  |                               |  |
| Archeology Botany Campground Host Construction Maintenance Computers Conservation Education Fish/Wildlife  | Historical/ Preserva Pest/Disease Contr Minerals/ Geology Natural Resources Office/Clerical Range/Livestock Research/Librarian |  |  | ol               | ☐ Soil/ Watershed ☐ Timber/Fire Prevention ☐ Trail/Campground Maintenance ☐ Tour Guide/Interpretation ☐ Visitor Information ☐ Other (Please specify) |                               |  |
| 8. What qualifications/skills/experience/education do you have that you would like to use in your volunteer work?  ☐ Backpacking/Camping  ☐ Heavy Equipment Operation  ☐ Sign Language |  |  |  |                  |  |                               |  |
| Backpacking/Camping Biology Boat Operation Carpentry Clerical/Office Machines Computer Programming Drafting/Graphics Driver's License First Aid Certificate Hand/Power Tools           | Horse Lands Lands Livest Map r Mount Photo   | r Equipmens – Care/ caping/Resurveying ock/Rancle eading taineering graphy carch/Libra | Ridi<br>efore<br>hing  | ng<br>estation   | Super Other  Teachi Workin   | Trade skills (Please specify) |  |
| 9. Based on boxes checked in items 7 ardescribe any specific qualifications, skills  ———   |  |  |  |                  | ork would yo   | u like to do? (Please         |  |
| 10 a. Have you volunteered before? b. If Yes, please briefly describe your   | Yes<br>volunteer   | □ No<br>experienc  | e.   |                  |  |                               |  |
| 11. Would you like to supervise other volunteers?   Yes   No   |  |  |  |                  |  |                               |  |
| 12. What are some of your objectives for   | working as   | s a volunte  | eer?   | (Optional)       |  |                               |  |

| 13. Please specify any physical limitations that may influence your volunteer work activities:  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
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| USDA-USDI   |  |  |  |  |  |  |  |
| 14a. Which months would you be available for volunteer work?         ☐ January       ☐ February       ☐ 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:  |  |  |  |  |  |  |  |
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| 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 |
|-----------------------------|----------|
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