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.		
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		
Botany Pest/I Campground Host Miner Construction Maintenance Natur Computers Office Conservation Education Rang Fish/Wildlife Reser	rical/ Preso Disease C rals/ Geolo ral Resourd e/Clerical e/Livestoc arch/Libra	Servation Control Cont		
Biology Horse Boat Operation Lands Carpentry Land Clerical/Office Machines Lives Computer Programming Map i Drafting/Graphics Moun Driver's License Photo First Aid Certificate Public Hand/Power Tools Rese	y Equipme es – Care/ scaping/Re Surveying tock/Ranc reading ntaineering ography c Speaking arch/Libra	ent Operation / Riding Supervision eforestation Other Trade skills (Please specify) g Ching Teaching Working with People Writing/Editing ng Other (Please specify) arian type of volunteer work would you like to do? (Please describe		
10. Are you a United States Citizen? Yes	□ No. (I	If no, additional information may be required)		
11. a. Have you volunteered before? Yes No 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:				
15. a. Which months would you be available for volution of the second of	ı	ork? April May June October November 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 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			
 18. If a volunteer assignment is not available at the location specified in item 15, do you want your application forwarded to another location, or Federal agency, seeking volunteers with your background/interest? Yes No (Please specify) 			
19. This is provided for more detailed responses. Please indicate the item numbers to which these responses	s 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 displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this in is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining and completing and reviewing the collection of information.	nformation collection		
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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.			
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 form is incomplete, enrollment in the program cannot proceed.			
20. Signature (Sign in ink)	20. Date		