Public Lands Corps Tracking Form

Please complete requested information on all three tabs of this spreadsheet.

In the "Participant Information" tab, please provide information for each Public Lands Corps participant you've

In the "Project Information" tab, please provide information on each of the projects in which you've engaged P

In the "Project Tracking" tab, please track the number of hours each participant has worked on each of the pro

Tracking sheet should be completed quarterly and sent via secure email to: ***WOVolServ@fs.fed.us***

Incomplete provision of the information requested in this form may result in in participants not being able to gain the privileg

Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to re control number. The valid OMB control number for this information collection is 0596-New. The time required to complete t the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completi of Agriculture (USDA) and U.S. Department of the Interior prohibit discrimination in all programs and activities on the basis of beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabili information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To f Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).

Privacy Act Statement

The data collected for the PLC spreadsheet would fall under the Forest Service' End-User Computer Environment (or EUCE) in signed and approved Privacy Impact Assessment (PIA). The EUCE PIA is required by OMB Memorandum 03-22, which provide Government Act of 2002. The password protected file will be stored on a fully encrypted laptop, only being accessed by autho of the Volunteer and Service program in the Forest Service's Washington Office.

PUBLIC LANDS CORPS PARTICIPANT INFORMATION FORM

Partner:		**Submission Date:**		**Name, Title, Contact Information:**	

Participant

Last Name	First Name	Middle Initial	Permanent Residence Zip code	Email Address	Date of Birth MM/DD/YYYY	Gender	Ethnicity	Race - 1	Race - 2	Education Level Completed	College/University Name	Major	Military/Veteran Status	Career Goals	Skills and abilities	Total Hours Worked	Full Name
									Black or African American								
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	

																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	

																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	
																0.00	

[redacted]

PUBLIC LA

Partner		
Partner Name	Agreement Number	Deputy Area/Office

NDS CORPS PROJECT INFORMATI

FS Unit (Location)	Start Date MM/DD/YYYY	End Date MM/DD/YYYY

ON FORM

Project

Project Title	FS Supervisor Last Name

FS Supervisor First Name	FS Supervisor Email Address

Project Total Hours	**Narrrative/Comments**
[redacted]	
[redacted]	
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

PUBLIC LAN

Participant	
First, Last Name	Position Type

NDS CORPS PROJECT TI

Project Title

RACKING FORM

Project	
Project Description	Type of Work

Project Hours Worked	Certificate Status	Certificate Date of Completion MM/DD/YYYY

Narrrative/Comments