



**FRIENDS ACADEMY APPLICATION**  
Overview and Application  
U.S. Fish and Wildlife Service  
Friends Program



## **FRIENDS ACADEMY OVERVIEW**

Friends Academy is an advanced training program for board members and staff of Friends organizations who are beyond the formative stages of development. The purpose of the Academy is to cultivate emerging Friends leaders by providing a broader understanding of the U.S. Fish and Wildlife Service (Service) and enhancing skills to increase the effectiveness of Friends/Service partnerships.

Friends Academy takes place in a classroom setting with both lecture/discussion and interactive/participatory presentations by many knowledgeable professionals, including but not limited to other Friends, Service staff, and others.

## **DATE, LOCATION & TIME**

Friends Academy will be held at the National Conservation Training Center (NCTC) in Shepherdstown, West Virginia. The Academy will begin at **[INSERT TIME AND DATE]** and end at **[INSERT TIME AND DATE]**. Attendance for the entire week is required.

## **WHO MAY APPLY**

Friends board members and staff currently serving, who have done so for at least one year, and who have at least two years of involvement as a Friends member or volunteer may be considered.

Service staff or other Friends may nominate a Friend, or a Friend may self-nominate. All nominations must have the site or program manager's approval and signature. The type of nomination received does not affect the review process. We will accept and review applications from organizations that have previously attended Friends Academy; however, higher priority is given to organizations that have never attended Friends Academy.

## **APPLICATION DEADLINE**

The deadline to submit this application is **[INSERT DATE]**. Up to 24 applicants will be selected and all applicants will be notified by **[INSERT DATE]** of their selection status. For more information, contact the National Friends Coordinator at [Linda\\_Schnee@fws.gov](mailto:Linda_Schnee@fws.gov).

## **TRAVEL AND EXPENSES**

Attendees will be reimbursed for their travel expenses. Lodging and meals at NCTC will be covered by the Service.

## **APPLICATION SUBMISSION INSTRUCTIONS**

Applicants should download this form to their computer, close their browser, and then open the form using Adobe Acrobat or Reader. Complete the form offline in Adobe, rather than in a web browser. If completed in a web browser, it will not be possible to save your work. Please submit this application with all six pages intact. Attach additional sheets, if necessary. Incomplete applications will be returned to the applicant.

Send as email attachment to: [Linda\\_Schnee@fws.gov](mailto:Linda_Schnee@fws.gov)

## PART I – REGION AND APPLICATION TYPE

*The type of nomination received does not affect the strength of your application in any way*

### Servicing USFWS Regional Office (check one)

☐  
☐

Anchorage, AK  
Hadley, MA

☐  
☐

Albuquerque, NM  
Lakewood, CO

☐  
☐

Atlanta, GA  
Portland, OR

☐  
☐

Bloomington, MN  
Sacramento, CA

### Type of Nomination (check one)

☐  
☐

Self-Nomination (Complete parts II, IV & V)  
Staff nominating a Friend (Complete parts III, IV & V)

## PART II – SELF NOMINATION

*Given the purpose of Friends Academy stated on the first page of this application, please answer these questions to reflect how your attendance at Friends Academy will benefit your effectiveness with your Friends group, your Service site, as well as with other Friends in your Academy cohort. Your application will be scored based on whether your answers support your individual potential as a Friends Academy participant and how the knowledge you gain will be used to benefit the Friends/Service partnership.*

### Applicant Information (Please provide your personal contact information)

Name Click or tap here to enter text.

Address Click or tap here to enter text.

Email Click or tap here to enter text.

City Click or tap here to enter text.

Phone Click or tap here to enter text.

State, Zip Click or tap here to enter text.

Full name of Friends organization  
Click or tap here to enter text.

Year organization established  
Click or tap here to enter text.

Years affiliated with the Friends group  
Click or tap here to enter text.

Additional years affiliated with this Friends organization as a volunteer  
Click or tap here to enter text.

Service site or program(s) supported  
Click or tap here to enter text.

Your position on the board of directors or as an employee  
Click or tap here to enter text.

List the committees that you have served on  
Click or tap here to enter text.

Do you know if anyone from your organization has previously attended Friends Academy? ☐ Yes ☐ No

If yes, please list the name(s) and year(s) attended if known:  
Click or tap here to enter text.

Are you able to travel and to attend the entire Friends Academy?  
Click or tap here to enter text.

What are your top three measurable accomplishments as they relate to your role with the Friends organization and/or the Friends/Service partnership (e.g. recruited 100 new members in one year, coordinates and produces four newsletters each year, led the board to engage in strategic planning)?

Click or tap here to enter text.

What primary strength(s) do you as an individual as well as your Friends organization have to contribute to other participants and the overall Friends Academy learning experience?

Click or tap here to enter text.

What are you most passionate to learn about as it relates to becoming a more valuable asset to your Friends organization?

Click or tap here to enter text.

Why are you interested in attending Friends Academy?

Click or tap here to enter text.

Please provide the mission of the Friends organization.

Click or tap here to enter text.

### **SKIP PART III AND GO TO IV**

## **PART III — NOMINATING A FRIEND**

### **Nominating Official Information**

Your name and title

Click or tap here to enter text.

Your official email address

Click or tap here to enter text.

Your office phone number

Click or tap here to enter text.

Years you have worked with this Friend

Click or tap here to enter text.

### **Nominee Information (provide nominees personal contact information)**

Name Click or tap here to enter text.

Address Click or tap here to enter text.

Email Click or tap here to enter text.

City Click or tap here to enter text.

Phone Click or tap here to enter text.

State, Zip Click or tap here to enter text.

Full name of nominee's Friends organization

Click or tap here to enter text.

Year organization established

Click or tap here to enter text.

Years affiliated with the Friends group

Click or tap here to enter text.

Additional years affiliated with this Friends organization or as a volunteer

Click or tap here to enter text.

Service site or program(s) supported

Click or tap here to enter text.

Nominee's position with the Friends Organization

Click or tap here to enter text.

List the committees that you have served on  
Click or tap here to enter text.

Do you know if anyone from your organization has previously attended Friends Academy? ☐ Yes ☐ No

If yes, please list the name(s) and year(s) attended  
Click or tap here to enter text.

Does the nominee have a general understanding of the purpose of Friends Academy? Refer to page 1 of this application for the purpose of Friends Academy

☐ Yes ☐ No ☐ Don't know

What top three measurable strengths or accomplishments does this Friend bring to the Friends organization and/or the Friends/Service partnership? (e.g. recruited 100 new members in one year, coordinates and produces four newsletters each year, led the board to engage in strategic planning).  
Click or tap here to enter text.

What primary strength(s) does this Friend as well as your Friends organization have to contribute to other participants and the overall Friends Academy learning experience?  
Click or tap here to enter text.

What do you believe this Friend is most passionate about learning as it relates to becoming a more valuable asset to your Friends organization?  
Click or tap here to enter text.

Why are you nominating this Friend to attend Friends Academy?  
Click or tap here to enter text.

Please provide the mission of the Friends organization  
Click or tap here to enter text.

#### **PART IV — REQUIRED SERVICE SITE OR PROGRAM MANAGER ENDORSEMENT AND SIGNATURE**

*Please clearly indicate who the endorsement is from, including both name and title of each endorser. (Attach additional pieces of paper if necessary)*

- If the applicant is the President of the organization, please ask another board member to write and sign this endorsement.
- Carefully consider who from your organization writes the endorsement. Which member of your board can offer the most objective, professional recommendation?
- Please clearly indicate who the endorsement is from, including both name and title of each endorser. Attach additional sheets of paper if necessary.
- A strong endorsement includes:
  1. A brief description of the value this applicant adds to the Friends/Service partnership;
  2. how you think the Friends organization and/ or Friends/Service partnership will benefit from this applicant attending Friends Academy; and
  3. your commitment to support and facilitate associated change that this applicant may offer as a result of attending Friends Academy. (Attach a separate letter if desired – recommended at least ½ page, no more than one page in length).

Click or tap here to enter text.

Project Leader or Manager Click or tap here to enter text.  
Name/ Title Click or tap here to enter text.

Friends Organization Member (other than self) Click or tap here to enter text.  
Name/ Title Click or tap here to enter text.

**REQUIRED SIGNATURES**  
Signatures of applicant or nominating official and site or program manager

I certify that the information provided in the application is true and accurate.

Click or tap here to enter text. Name of self- applicant	Signature	Date
	OR	

Click or tap here to enter text. Name of nominating official	Signature	Date
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I have reviewed the completed application for Friends Academy and fully endorse the applicant's request for attendance and/or the nomination of this Friend.

Click or tap here to enter text. Project Leader or Manager	Signature	Date
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Click or tap here to enter text. Friends organization Representative	Signature (Other than self)	Date
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## NOTICES

### PRIVACY ACT STATEMENT

**Authority:** 5 U.S.C. 301; 44 U.S.C. 3101; 16 U.S.C. 742a-742j; 16 U.S.C. 668dd-ee; 16 U.S.C. 460k *et seq.*; 16 U.S.C. 757a-757g; 16 U.S.C. 661-667e; 16 U.S.C. 742f; and 16 U.S.C. 760aa.

**Purpose:** This information is collected in order to attend the Service's Friends' Academy (Form 3-2565).

**Routine Uses:** This information may be shared in accordance with the Freedom of Information Act (FOIA); the Privacy Act of 1974, and the System of Records Notices INTERIOR/FWS-27, Correspondence Control System - 64 FR 29055 (May 28, 1999); modification published 88 FR 16277 (March 16, 2023) or INTERIOR/DOI-58, Employee Administrative Records - 64 FR 19384 (April 20, 1999); modification published 73 FR 8342 (February 13, 2008) and 86 FR 50156 (September 7, 2021) available at <https://www.doi.gov/privacy/sorn>.

**Disclosure:** Providing this information is voluntary; however, failure to provide all requested information may prevent the Service from being able to consider your application or request.

### PAPERWORK REDUCTION ACT STATEMENT

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), the U.S. Fish and Wildlife Service collects information necessary in conjunction with the administration of the Friends Program to verify compliance with agency policy and to allow the Service to gauge the impact of the program as a whole, and to respond to requests made under the Freedom of Information Act and the Privacy Act of 1974. Information requested in this form is purely voluntary. However, submission of requested information is required in order to process applications for permits authorized under the above laws. Failure to provide all requested information may be sufficient cause for the U.S. Fish and Wildlife Service to deny the request. 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 currently valid OMB control number. OMB has approved this collection of information and assigned Control No. 1018-0193.

### ESTIMATED BURDEN STATEMENT

We estimate public reporting for this collection of information to average 2 hours, including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of the form to the Service Information Clearance Officer, Fish and Wildlife Service, U.S. Department of the Interior, 5275 Leesburg Pike, MS: PRB (JAO/3W), Falls Church, VA 22041-3803, or via email at [Info\\_Coll@fws.gov](mailto:Info_Coll@fws.gov). Please do not send your completed form to this address.

### FREEDOM OF INFORMATION ACT

For organizations, businesses, or individuals operating as a business (i.e., permittees not covered by the Privacy Act), we request that you identify any information that should be considered privileged and confidential business information to allow the Service to meet its responsibilities under FOIA. Confidential business information must be clearly marked "Business Confidential" at the top of the letter or page and each succeeding page and must be accompanied by a non-confidential summary of the confidential information. The non-confidential summary and remaining documents may be made available to the public under FOIA [43 CFR 2.26 – 2.33].