

VOLUNTEER SERVICE APPLICATION

This optional application helps federal land and water management agencies identify interested and qualified candidates for available volunteer positions. Applications are submitted and processed locally for each position. If a volunteer commits to a specific volunteer activity, they are required to complete an OF-301a Volunteer Service Agreement. Mark **X** in the appropriate boxes and print or type all responses.

1. Name (Last, First)	2. Date of Birth / /	3. Telephone Number () -	4. Email Address
5. Street Address, Apt. #	6. City	7. State	8. ZIP code

9. Which general categories are you most interested in volunteering? Check all that apply.

<input type="checkbox"/> Archaeology <input type="checkbox"/> Botany <input type="checkbox"/> Campground/Site host <input type="checkbox"/> Campground maintenance <input type="checkbox"/> Construction maintenance <input type="checkbox"/> Computers <input type="checkbox"/> Conservation education	<input type="checkbox"/> GIS/GPS <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 maintenance <input type="checkbox"/> Tour guide/Interpretation <input type="checkbox"/> Visitor information <input type="checkbox"/> Other (Please specify)
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10. What qualifications, skills, or experiences do you have that you would like to use as a volunteer? Check all that apply.

<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 or GIS/GPS <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) <input type="checkbox"/> Teaching <input type="checkbox"/> Working with people <input type="checkbox"/> Writing/Editing <input type="checkbox"/> Other (Please specify)
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11. What languages are you proficient in? Check all that apply.

<input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> German <input type="checkbox"/> Hindi <input type="checkbox"/> Japanese <input type="checkbox"/> Korean	<input type="checkbox"/> Lahanda/Punjabi <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Please specify)
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12. If you have a specific volunteer interest, please identify and describe your qualifications, skills, experiences, or education that may apply.

13. Are you a United States Citizen or Permanent Resident?

Yes, I am a U.S. Citizen or Permanent Resident No, I am not a US Citizen or Permanent Resident (if applicable, list visa type)

14. a. Have you volunteered before? Yes No

b. If yes, please list the organization where you volunteered with a contact name and phone # or email address, and briefly describe what you did.

15. Would you like to supervise other volunteers? Yes No

16. What are some of your objectives for volunteering? (Optional)	
17. Please list any physical limitations that may impact your volunteer activities.	
18a. Which months are you available to volunteer? Check all that apply. <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December	
18b. How many hours per week would you be available for volunteer work? Hours	
18c. Which days are you available to volunteer? Check all that apply. <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
19. Specify states or locations where you would like to volunteer.	
20. Specify your lodging needs: <input type="checkbox"/> I will furnish my own lodging <input type="checkbox"/> I will require assistance in finding lodging	
21. Are you willing to have your application forwarded to other federal offices or agencies, if no opportunity exists at the location to which you applied, and if there are known alternatives appropriate to your interests and experience? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please specify)	
22. How did you hear about this volunteer opportunity? Check all that apply. <input type="checkbox"/> Volunteer.gov <input type="checkbox"/> Brochure <input type="checkbox"/> Other website <input type="checkbox"/> Volunteer fair or event <input type="checkbox"/> Advertisement <input type="checkbox"/> Other (Please specify) <input type="checkbox"/> Word of mouth (friend, colleague, family member)	
Burden Statement	
Completing this form is voluntary, but failure to provide the information will prevent program participation. 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 valid OMB control number. The valid OMB control number for this information collection is 1093-0006. The time required to complete this information collection 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. The U.S. Department of the Interior (USDOI), U.S. Department of Agriculture (USDA), U.S. Department of Defense (USDOD), and U.S. Department of Commerce (USDOC) are equal opportunity providers and employers and prohibit discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means of communication of program information should contact the volunteer program to which they are applying. If you would like to file a Section 508-related complaint, please contact the DOI Section 508 Program via email at section508@ios.doi.gov or phone (202) 208-1530.	
Notice to Volunteer	
Volunteers are NOT considered Federal employees except as otherwise provided by law. Volunteer service is not creditable for leave accrual or any other benefit. However, volunteer service is creditable work experience. By signing this application the volunteer(s) understand(s) they may be subject to a reference check, background check, and/or criminal history inquiry.	
Privacy Act Statement	
Collection and use is covered by Privacy Act System of Records INTERIOR/DOI-05 Interior Volunteer Services File System (which may be viewed at https://www.doi.gov/privacy/doi-notices) and OPM/GOVT-1 General Personnel Records (which may be viewed at https://www.opm.gov/information-management/privacy-policy/#url=SORNs) and is consistent with the provisions of 5 U.S.C. 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The information is used to identify persons interested in participating in a government volunteer program, managing the volunteer program, including tort claims and injury compensation. Records or information contained in this system may be disclosed outside the agencies participating in this program as a routine use pursuant to 5 U.S.C. 552a(b). Completing this form is voluntary, but failure to provide the information will prevent program participation.	
23. Signature	24. Date

