OMB 0596-0080 (Expires

VOLUNTEER SERVICE APPLICATION—NATURAL & CULTURAL RESOURCES				
The volunteer application helps public lands officials and potential volunteers determine if there are volunteer opportunities that are a good match for the skills and interests identified. All volunteers are required to complete a volunteer agreement once they have identified and committed to a specific volunteer activity. Mark <b>I</b> in the appropriate boxes and print or type all responses.				
1. Name (Last, First, Middle)		3. Telephone	Number -	4. Email Address
5. Street Address, Apt. #		6. City, State, and Zip Code		
7. Which general categories are you most interested in volunteering? Check all that apply.  Archaeology GIS/GPS Research/Librarian Botany Fish/Wildlife Soil/Watershed Campground/Site host Historical/Preservation Timber/Fire prevention Campground maintenance Pest/Disease control Trail maintenance Construction maintenance Minerals/Geology Tour guide/Interpretation Computers Natural resources planning Visitor information Conservation education Office/Clerical Other (Please specify) Range/Livestock				
□ Boat operation       □ Horses −         □ Carpentry       □ Landscap         □ Clerical/Office machines       □ Land surv         □ Computer programming       □ Livestock	wer tools uipment o care/ ridin ing/Refore reying /Ranching ling or GIS, neering	peration g estation	Publid Resea Sign I Super Other Teach Work	c speaking arch/Librarian anguage rvision r trade skills (Please specify)
9. If you have a specific volunteer interest, please identify and describe your qualifications, skills, experiences, or education that may apply.				
10. Are you a United States Citizen?				
<ul> <li>a. Have you volunteered before?  Yes  No</li> <li>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.</li> </ul>				
12. Would you like to supervise other volunteers?   Yes   No				
13. What are some of your objectives for volunteering? (Optional)				

OMB 0596-0080 (Expires 14. Please list any physical limitations that may impact your volunteer activities. 15. a. Which months are you available to volunteer? Check all that apply. | | January February March April June May August September October November December July 15b. How many hours per week would you be available for volunteer work? Hours 15c. Which days are you available to volunteer? Check all that apply. Monday Tuesday Wednesday Thursday Friday Saturday Sunday 16. Specify states or locations where you would like to volunteer. 17. Specify your lodging needs: 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 box #16, do you want your application forwarded to another location or Federal agency seeking volunteers with your background or interests? No (Please specify) | Yes 19. How did you hear about this volunteer opportunity? Check all that apply. Volunteer.gov Other internet or website Volunteer fair or event Advertisement Other (Specify) Word of mouth (friend, colleague, family member) **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 information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. 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 Agriculture (USDA) and U.S. Department of the Interior 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 for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA and USDI are equal opportunity providers and employers. **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. By signing this application the volunteer(s) understand(s) s/he 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 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 21. Date