



Cape Perpetua Visitor Center
Central Coast Ranger District-Oregon Dunes National Recreation Area
Siuslaw National Forest
Local Volunteer Application

Last Name: _____ First Name: _____ Middle Initial: _____
Date of Birth ___/___/___ SSN: _____-_____-_____
Driver's License Number: _____ State issued: _____
Mailing Address: _____
Phone: _____ Cell: _____
E-Mail: _____

Please mark any and all duties you are interested in:

Staffing a Visitor Center Information Desk _____
Conducting formal ranger-led programs, such as walks and talks _____
Informally greeting visitors at viewpoints _____
Conducting programs for school groups _____
Other (please specify) _____
Location/s interested: _____
When can you start volunteering? _____
Is there a time of year that you need to stop volunteering? _____

Experience

Have you ever been a volunteer (or employee) at another visitor center, museum, forest, or park?

Yes _____ No _____

If yes, please list experience, including supervisor's name & current phone #, duties, and dates worked:

What is (or was if you're retired) your occupation/s? _____

What hobbies do you have? _____

Please provide three references:

Name	City & State	Phone #	Relationship
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Do you have any medical/physical conditions we should consider when assigning tasks & duties?

Have you ever been convicted of a felony? No _____ Yes _____ if yes explain:

How did you learn about our volunteer program? _____

Notice to Volunteer

Volunteers are not considered to be Federal employees for any other 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 understands that he/she may be subject to a background check. This check may include a criminal history inquiry.**

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Privacy Act Statement

Following information is provided to comply with the Privacy Act (PL 93-579). 5 U.S.C. 301 and 7 CFR 260 authorize acceptance of information requested on this form. The data will be used to contact applicants and to interview, screen, and select them for volunteer assignments. Furnishing this data is voluntary.

I, _____, hereby certify that the information provided by me on this application is true and correct to the best of my knowledge and belief. I hereby grant the US Forest Service permission to verify facts contained in this application. I hereby authorize the release of any relevant information such as driving record and criminal history record check for verifying my eligibility to volunteer for the US Forest Service. I understand that the information released by agencies and employers is for official use only and only for the purpose provided on this form and may only be disclosed by the Agency authorized by law.

Applicants Signature: _____ Date: _____

Please return application to:

Attn: Lori Robertson
Cape Perpetua Visitor Center
PO Box 274
Yachats, Oregon 97498
For additional information please call (541) 547-3289

Office Use Only

Application received on (date) _____ by (initials) _____

Action/Contacted via: Phone _____ Fax _____ E-Mail _____ Mail _____ Date/s _____

Hired? Yes _____ No _____ If not, why? _____

Duties selected _____

Notes

