Volunteer Application for Natural Resources Agencies

OMB 0596-0080 (Expires 10/2010)

Volunteer Application for Natural Resources Agencies		Instructions: Mark $\mbox{\ensuremath{\mbox{$\!\! \square}}}$ in the appropriate boxes, for other items either print or type responses. If extra space is needed use item 18.				
Name (Last, First, Middle)	2. Age		3. Teleph	one Num	ber	4. Email Address
5. Street Address (include apartment no., if any)			6. City, State, and Zip Code			
7. Which general volunteer work categories are you most inte Archeology Historical/ Pres Botany Pest/Disease C Campground Host Minerals/ Geole Construction Maintenance Natural Resour Computers Office/Clerical Conservation Education Range/Livestor Fish/Wildlife Research/Libra			servation Soil/ Watershed Control Timber/Fire Prevention Degy Trail/Campground Maintenance Trees Planning Tour Guide/Interpretation Visitor Information Ck Other (Please specify) Description			
Biology Horse Boat Operation Lands Carpentry Land Clerical/Office Machines Lives Computer Programming Map in Drafting/Graphics Moun Driver's License Photo First Aid Certificate Public	you have the yequipment of the Surveying took/Rancher of the Surveying took/Rancher of the Surveying took/Rancher of the Surveying the Surveyi	nt O Ridir fore ning	peration g	ike to use	Sign L Super Other Teach Workin	anguage vision Trade skills (Please specify)
9. Based on boxes checked in items 6 and 7, what particular type of volunteer work would you like to do? (Please describe any specific qualifications, skills, experience, or education that apply)						
10. a. Have you volunteered before?						
11. Would you like to supervise other volunteers?						
12. What are some of your objectives for working as a			ŕ			
13. Please specify any physical limitations that may influence your volunteer work activities:						

	June December						
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday							
15. Specify at least three states or specific locations within a state where you would like to do volunteer work.							
Specify your lodging requirements: I will furnish my own lodging (such as tent; camper; own, relative's, or friend's place) I will require assistance in finding lodging							
 17. If a volunteer assignment is not available at the location specified in item 15, do you want your application forwarded to another location, or Federal agency, seeking volunteers with your background/interest? Yes No (Please specify) 							
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.							
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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or c (voice) or (202) 720-6382 (TDD). USDA and USDI are equal opportunity providers and employers.	all (800) 795-3272						
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.							
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.							
19. Signature (Sign in ink)	20. Date						