Volunteer Application for Natural Resources Agencies		Instructions: Mark V in the appropriate boxes, for other items either print or type responses. If extra space is needed use item 19.			
1. Name (Last, First, Middle)	2. Age	3. Telephone Number		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 interested in?					
Archeology	storical/Preserv	ation	🗌 Soi	il/Watershed	
Botany Pe	st/Disease Con	trol	🗌 Tin	nber/Fire Prevention	
Campground Host	nerals/Geology		🗌 Tra	il/Campground Maintenance	
Construction Maintenance	atural Resources	s Planning		ur Guide/Interpretation	
Computers Of	fice/Clerical		🗌 Vis	itor Information	
Conservation Education	ange/Livestock		Oth Oth	ner (Please specify)	
Fish/Wildlife	esearch/Libraria	n			
8. What qualifications/skills/experience/education do you have that you would like to use in your volunteer work?					
Backpacking/Camping	avy Equipment	Operation		n Language	
Biology Ho	orses - Care/Rid	ing		pervision	
Boat Operation	ndscaping/Refo	restation	Oth	ner Trade skills (Please specify)	
Carpentry	nd Surveying				
Clerical/Office Machines	vestock/Ranchir	ıg			
Computer Programming	ap Reading		🗌 Теа	aching	
Drafting/Graphics	ountaineering		🗌 Wo	rking with People	
Driver's License	otography		Wr	iting/Editing	
First Aid Certificate Pt	Iblic Speaking		🗌 Oth	ner (Please specify)	
Hand/Power Tools	esearch/Libraria	n			
 Based on boxes checked in items 7 and 8, what particular type of volunteer work would you like to do? (Please describe any specific qualifications, skills, experience, or education that apply) 					
10. Are you a United States Citizen?	No (If no,	additional information I	may be r	equired)	
11. a. Have you volunteered before? Yes No					
b. If Yes, please briefly describe your volunteer experience.					
12. Would you like to supervise other volunteers? Yes No					
13. What are some of your objectives for working as a volunteer? (Optional)					
14. Please specify any physical limitations that may influence your volunteer work activities:					



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15a. Which months would you be available for volunteer work?					
January February March April May June July August September October November Decent	mbor				
July August September October November Decen 15b. How many hours per week would you be available for volunteer work? Hours	mber				
15c. Which days per week would you be available for volunteer work?					
Monday Tuesday Wednesday Friday Saturday Sunday 16. Specify at least three states or specific locations within a state where you would like to do volunteer work.					
17. Specify your lodging needs:					
I will require assistance in finding lodging					
18. If a volunteer assignment is not available at the location specified in Item 16, do you want your application forwarded to					
another location or Federal agency seeking volunteers with your backgrounds/interests?					
Yes No (Please specify)					
19. This is provided for more detailed responses. Please indicate the item numbers to which these responses apply:					
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 activiti race, color national origin, gender, religion, age disability, political beliefs, sexual orientation, and marital or family status. (Not all apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).	prohibited bases				
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 ser creditable for leave accrual or any other benefit. However, volunteer service is creditable work experience. By signing this applica 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 provisi (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain off volunteers of the USDA and USDI for the purposes of tort claims and injury compensation. Furnishing this data is voluntary, howev incomplete, enrollment in the program cannot proceed.	ficial records of				
20. Signature (Sign in ink) 21.	. Date				
Optional Form 3	301 (Rev. 6/2010)				
	USDA-USDI				
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