# 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 ☑ in the appropriate boxes and print or type all responses.

1. Name (Last, First, Middle)          2. Age          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
- Botany
- Campground/Site host
- Campground maintenance
- Construction maintenance
- Computers
- Conservation education
- GIS/GPS
- Fish/Wildlife
- Historical/Preservation
- Pest/Disease control
- Minerals/Geology
- Natural resources planning
- Office/Clerical
- Range/Livestock
- Research/Librarian
- Soil/Watershed
- Timber/Fire prevention
- Trail maintenance
- Tour guide/Interpretation
- Visitor information
- Other (Please specify)

8. What qualifications, skills, or experiences do you have that you would like to use as a volunteer? Check all that apply.

- Backpacking/Camping
- Biology
- Boat operation
- Carpentry
- Clerical/Office machines
- Computer programming
- Drafting/Graphics
- Driver’s license
- First aid certificate
- Hand/Power tools
- Heavy equipment operation
- Horses – care/ riding
- Landscaping/Reforestation
- Land surveying
- Livestock/Ranching
- Map reading or GIS/GPS
- Mountaineering
- Photography
- Public speaking
- Research/Librarian
- Sign language
- Supervision
- Other trade skills (Please specify)
- Teaching
- Working with people
- Writing/Editing
- Other (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? ☐ Yes ☐ No (If no, additional information may be required)

11. 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.

12. Would you like to supervise other volunteers? ☐ Yes ☐ No

13. What are some of your objectives for volunteering? (Optional)
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
- May
- June
- July
- August
- September
- October
- November
- December

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?

- Yes
- No (Please specify)

19. How did you hear about this volunteer opportunity? Check all that apply.

- Volunteer.gov
- Brochure
- Other internet or website
- Volunteer fair or event
- Advertisement
- Other (Specify)
- Word of mouth (friend, colleague, family member)

**Burden Statement**

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**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**

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20. Signature

21. Date