Volunteer Application for Natural Resources Agencies		Instructions: Mark 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 C	Code	
7. Which general volunteer work categories are you		F		
	istorical/Preserva	F	Soil/Watershed	
	est/Disease Con	trol L	☐ Timber/Fire Prevention	
	inerals/Geology		☐ Trail/Campground Maintenance	
	atural Resources	s Planning L	☐ Tour Guide/Interpretation	
	ffice/Clerical	Ĺ	☐ Visitor Information	
	ange/Livestock	L	Other (Please specify)	
	esearch/Libraria			
8. What qualifications/skills/experience/education do you have that you would like to use in your volunteer work?				
	eavy Equipment		Sign Language	
☐ Biology ☐ H	orses - Care/Rid	ing	Supervision	
Boat Operation L	andscaping/Refo	restation	Other Trade skills (Please specify)	
Carpentry L	and Surveying			
Clerical/Office Machines	vestock/Ranchin	ig	_	
Computer Programming M	ap Reading		Teaching	
	ountaineering		Working with People	
	hotography	Ĺ	Writing/Editing	
	ublic Speaking		Other (Please specify)	
Hand/Power Tools R	esearch/Libraria	n		
9. 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) Output Description:				
10. Are you a United States Citizen? Yes	No (If no,	additional information ma	ay be required)	
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?				
13. What are some of your objectives for working as a volunteer? (Optional)				
14. Please specify any physical limitations that may	influence your vo	olunteer work activities:		

15a. Which months would you be available for volunteer work?					
☐ January ☐ February ☐ March ☐ April ☐ May ☐ Jui	ne				
	cember				
15b. How many hours per week would you be available for volunteer work? Hours					
15c. Which days per week would you be available for volunteer work?					
■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ 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 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 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 ap	oply:				
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.					
	ing instructions,				
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