VOLUNTEER SERVICE APPLICATION—NATURAL & CULTURAL RESOURCES							
This optional application helps federal land and water management agencies identify interested and qualified candidates for available volunteer positions. Applications are submitted and processed locally for each position. If a volunteer commits to a specific volunteer activity, they are required to complete an OF-301a Volunteer Service Agreement. Mark X in the appropriate boxes and print or type all responses.							
1. Name (Last, First)	2. Date of Birth /	3. Telephone N () -	lumber	4. Email Address			
5. Street Address, Apt. #	6. City			7. State	8. ZIP code		
9. Which general categories are you most in Archaeology Botany Campground/Site host Campground maintenance Construction maintenance Computers Conservation education	interested in voluntee GIS/GPS Fish/Wildlife Historical/Preservat Pest/Disease contro Minerals/Geology Natural resources p Office/Clerical Range/Livestock	ion [Researd Soil/Wa Timber, Trail ma Tour gu Visitor i	ch/Librarian Itershed Fire prevention Intenance Ide/Interpretation Information Please specify)			
10. What qualifications, skills, or experience Backpacking/Camping Biology Soat operation Carpentry Clerical/Office machines Computer programming Drafting/Graphics Driver's license First aid certificate	Hand/Power tools Heavy equipment of Horses — care/ riding Landscaping/Refore Land surveying Livestock/Ranching Map reading or GIS/ Mountaineering Photography	peration g station	Public s Researd Sign lan Supervi Other to Working Writing	peaking h/Librarian guage sion rade skills (Please specif			
11. What languages are you proficient in? (Arabic Chinese English French	Check all that apply. German Hindi Japanese Korean		Portugu Russian Spanish				
12. If you have a specific volunteer interest, please identify and describe your qualifications, skills, experiences, or education that may apply.							
13. Are you a United States Citizen or Permanent Resident? Yes, I am a U.S. citizen or Permanent Resident No, I am not a US Citizen or Permanent Resident (if applicable, list visa type)							
14. a. Have you volunteered before?							
15. Would you like to supervise other volunteers? 🔲 Yes 🔲 No							

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16. What are some of your objectives for volunteering? (Optional)						
17. Please list any physical limitations that may impact your volunteer activities.						
18. a. Which months are you available to volunteer? Check all that apply. January	U June December					
Monday Tuesday Wednesday Thursday Saturday Sunday 19. Specify states or locations where you would like to volunteer.						
20. Specify your lodging needs: I will furnish my own lodging I will require assistance in finding lodging						
21. Are you willing to have your application forwarded to other federal offices or agencies, if no opportunity exists at the location to which you applied, and if there are known alternatives appropriate to your interests and experience? Tes No (Please specify)						
22. How did you hear about this volunteer opportunity? Check all that apply. Volunteer.gov						
Burden Statement						
Completing this form is voluntary, but failure to provide the information will prevent program participation. 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 1093-0006. 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 the Interior (USDOI), U.S. Department of Agriculture (USDA), U.S. Department of Defense (USDOD), and U.S. Department of Commerce (USDOC) are equal opportunity providers and employers and prohibit discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means of communication of program information should contact the volunteer program to which they are applying. If you would like to file a Section 508-related complaint, please contact the DOI Section 508 Program via email at HYPERLINK "mailto:section508@ios.doi.gov" section508@ios.doi.gov or phone (202) 208-1530.						
Notice to Volunteer						
Volunteers are NOT considered Federal employees except as otherwise provided by law. 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) they 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 INTERIOR/DOI–05 Interior Volunteer Services File System (which may be viewed at https://www.doi.gov/privacy/doi-notices) and OPM/GOVT–1 General Personnel Records (which may be viewed at https://www.opm.gov/information-management/privacy-policy/#url=SORNs) 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 information is used to identify persons interested in participating in a government volunteer program, managing the volunteer program, including tort claims and injury compensation. Records or information contained in this system may be disclosed outside the agencies participating in this program as a routine use pursuant to 5 U.S.C. 552a(b)(3. Completing this form is voluntary, but failure to provide the information will prevent program participation						
23. Signature	Date					