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 / /				ail Address			
5. Street Address, Apt. #	6. City				7. State	8. ZIP code		
9. Which general categories are you most Archaeology Botany Campground/Site host Campground maintenance Construction maintenance Computers Conservation education	t 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	itersheo /Fire pro aintenai ide/Inte nforma	d evention nce erpretation tion			
10. What qualifications, skills, or experience Backpacking/Camping Biology Boat operation Carpentry Clerical/Office machines Drafting/Graphics Driver's license First aid certificate	ces do you have that yo Hand/Power tools Heavy equipment o Horses – care/ ridin Landscaping/Refore Land surveying Livestock/Ranching Map reading or GIS, Mountaineering Photography	peration [g [station [Public s Researc Sign lan Supervi	peaking h/Libra guage sion rade ski g g with p /Editing	g irian ills (Please spec people g			
11. What languages are you proficient in? Arabic Chinese English French	Check all that apply. German Hindi Japanese Korean		Lahanda Portugu Russian Spanish Other (I	iese				
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? 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. 								
15. Would you like to supervise other volunteers? 🗌 Yes 🗌 No								

OMB Control Number 1093-0006 Expiration Date 10/31/2024

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 February March April May June July August September October November December 18b. How many hours per week would you be available for volunteer work? Hours 18c. Which days are you available to volunteer? Check all that apply. Monday Tuesday Thursday Friday 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 furnish my own 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? Yes No (Please specify) 							
 How did you hear about this volunteer opportunity? Check all that apply. Volunteer.gov Brochure Other website Other website Advertisement Word of mouth (friend, colleague, family member) 							
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 (USDC) 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	24. Date						