

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
VOLUNTEER APPLICATION

Instructions: Mark 'Y' in appropriate boxes. For other items, either print or type responses. If extra space is needed, use item 17.

1. Name (<i>Last First Middle</i>)	2. Age	3. Telephone ()
4. Street Address (include apartment number, if any)	5. City, State, and Zip Code	

6. Which general volunteer work categories are you most interested in?

<input type="checkbox"/> Archaeology	<input type="checkbox"/> Historical/Preservation	<input type="checkbox"/> Riparian
<input type="checkbox"/> Botany	<input type="checkbox"/> Minerals/Geology	<input type="checkbox"/> Soil/Watershed
<input type="checkbox"/> Campground Host	<input type="checkbox"/> Natural Resources Planning	<input type="checkbox"/> Trail/Campground Maintenance
<input type="checkbox"/> Construction/Maintenance	<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Tour Guide/Interpretation
<input type="checkbox"/> Computers	<input type="checkbox"/> Pest/Disease Control	<input type="checkbox"/> Visitor Information
<input type="checkbox"/> Fire Prevention	<input type="checkbox"/> Range/Livestock	<input type="checkbox"/> Wild Horses
<input type="checkbox"/> Fisheries/Wildlife	<input type="checkbox"/> Recreation/Wilderness	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Forestry	<input type="checkbox"/> Research/Library	

7. What qualifications/skills/experience/education do you have that you would like to use in your volunteer work?

<input type="checkbox"/> Backpacking/Camping	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Biology	<input type="checkbox"/> First Aid/CPR Certificates	<input type="checkbox"/> Research /Librarian
<input type="checkbox"/> Boat Operation	<input type="checkbox"/> Foreign Language: _____	<input type="checkbox"/> Sign Language
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Hand/Power Tools	<input type="checkbox"/> Supervision
<input type="checkbox"/> Clerical/Office Machines	<input type="checkbox"/> Heavy Equipment Operation	<input type="checkbox"/> Other Trade Skills
<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Horses-Care/Riding	<input type="checkbox"/> Teaching
<input type="checkbox"/> Computer Software: _____	<input type="checkbox"/> Landscaping/Reforestation	<input type="checkbox"/> Working with People
<input type="checkbox"/> Defensive Driving Training	<input type="checkbox"/> Land Surveying	<input type="checkbox"/> Writing/Editing
<input type="checkbox"/> Drafting/Graphics	<input type="checkbox"/> Livestock/Ranching	<input type="checkbox"/> Other _____
<input type="checkbox"/> Drive Standard Trans.	<input type="checkbox"/> Map Reading/Orienteering	
<input type="checkbox"/> Drive 4 x 4s	<input type="checkbox"/> Mountaineering	
	<input type="checkbox"/> Photography	

8. Based on boxes checked in items 6 and 7, what particular type of volunteer work would you like to do? (Please describe specific qualifications, skills, experience, or education that apply)

9a. Have you volunteered before ? Yes No
 9b. If yes, please briefly describe your volunteer experience.

10. Would you be willing to supervise other volunteers? Yes No

11. What are some of your objectives for working as a volunteer?

12. Please specify any physical/medical limitations that may influence your volunteer work activities. Include allergies, medications, etc.:

13a. Which months would you be available for volunteer work?

January February March April May June July August September October
 November December

13b. How many hours per week would you be available for volunteer work? Hours: _____

13c. Which days per week would you be available for volunteer work

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

14. Specify at least three states or specific locations within a state where you would like to do volunteer work:

15. Specify your lodging requirements:

- I will furnish my own lodging (such as, tent, camper, trailer, own home, relative's or friend's home)
 I will require assistance in finding lodging.
-

16. If a volunteer assignment is not available at the locations specified in item 14, do you want your application forwarded to another location or Federal agency seeking volunteers your background/interest? Yes No

17. This space is provided for more detailed responses. Please indicate the item numbers to which these responses apply:

18. REFERENCES (include name, address, telephone number and relationship):

1. _____
 2. _____
 3. _____
 4. _____
-

NOTICE TO VOLUNTEER

Volunteers are not considered to be, nor are they, federal employees for any purposes other than Federal tort claims, injury compensation, loss or damage to personal property, and situations involving assaults, threats, and batteries while engaged in the performance of their official duties. Volunteers are not permitted by Federal law, nor should they be assigned to perform: (1) any law enforcement work (2) any hazardous duty (3) any work in the policymaking process. Volunteers may also be required to undergo background checks, provide requested information, and authorize the disclosure of information pertaining to themselves for this purpose. Volunteer service does not qualify for Federal leave accrual or any other benefit. However, volunteer service can be credited as work experience.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act (PL 93-579) 5 U.S.C. 301 and 7 CFR 260 authorized acceptance of the information requested on this form. The data will be used to contact applicants and to interview, screen, and select them for volunteer assignments. Furnishing this data is voluntary.

19. Signature: (*Sign in ink*)

Date:
