

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. | | | |
| <input type="checkbox"/> Archaeology | <input type="checkbox"/> GIS/GPS | <input type="checkbox"/> Research/Librarian | |
| <input type="checkbox"/> Botany | <input type="checkbox"/> Fish/Wildlife | <input type="checkbox"/> Soil/Watershed | |
| <input type="checkbox"/> Campground/Site host | <input type="checkbox"/> Historical/Preservation | <input type="checkbox"/> Timber/Fire prevention | |
| <input type="checkbox"/> Campground maintenance | <input type="checkbox"/> Pest/Disease control | <input type="checkbox"/> Trail maintenance | |
| <input type="checkbox"/> Construction maintenance | <input type="checkbox"/> Minerals/Geology | <input type="checkbox"/> Tour guide/Interpretation | |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Natural resources planning | <input type="checkbox"/> Visitor information | |
| <input type="checkbox"/> Conservation education | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> 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. | | | |
| <input type="checkbox"/> Backpacking/Camping | <input type="checkbox"/> Hand/Power tools | <input type="checkbox"/> Public speaking | |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Heavy equipment operation | <input type="checkbox"/> Research/Librarian | |
| <input type="checkbox"/> Boat operation | <input type="checkbox"/> Horses – care/ riding | <input type="checkbox"/> Sign language | |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Landscaping/Reforestation | <input type="checkbox"/> Supervision | |
| <input type="checkbox"/> Clerical/Office machines | <input type="checkbox"/> Land surveying | <input type="checkbox"/> Other trade skills (Please specify) | |
| <input type="checkbox"/> Computer programming | <input type="checkbox"/> Livestock/Ranching | <input type="checkbox"/> Teaching | |
| <input type="checkbox"/> Drafting/Graphics | <input type="checkbox"/> Map reading or GIS/GPS | <input type="checkbox"/> Working with people | |
| <input type="checkbox"/> Driver's license | <input type="checkbox"/> Mountaineering | <input type="checkbox"/> Writing/Editing | |
| <input type="checkbox"/> First aid certificate | <input type="checkbox"/> Photography | <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, additional information may be required) | | | |
| 11. a. Have you volunteered before? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 13. What are some of your objectives for volunteering? (Optional) | | | |

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|--|--|--|-----------------------------------|--|--|--|--|---|---------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------|
| <p>14. Please list any physical limitations that may impact your volunteer activities.</p> | | | | | | | | | | | | | | | | | | | | |
| <p>15. a. Which months are you available to volunteer? Check all that apply.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> January</td> <td><input type="checkbox"/> February</td> <td><input type="checkbox"/> March</td> <td><input type="checkbox"/> April</td> <td><input type="checkbox"/> May</td> <td><input type="checkbox"/> June</td> </tr> <tr> <td><input type="checkbox"/> July</td> <td><input type="checkbox"/> August</td> <td><input type="checkbox"/> September</td> <td><input type="checkbox"/> October</td> <td><input type="checkbox"/> November</td> <td><input type="checkbox"/> December</td> </tr> </table> <p>15b. How many hours per week would you be available for volunteer work? Hours</p> <p>15c. Which days are you available to volunteer? Check all that apply.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Monday</td> <td><input type="checkbox"/> Tuesday</td> <td><input type="checkbox"/> Wednesday</td> <td><input type="checkbox"/> Thursday</td> <td><input type="checkbox"/> Friday</td> <td><input type="checkbox"/> Saturday</td> <td><input type="checkbox"/> Sunday</td> </tr> </table> | | <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June | <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday |
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| <p>16. Specify states or locations where you would like to volunteer.</p> | | | | | | | | | | | | | | | | | | | | |
| <p>17. Specify your lodging needs:</p> <p><input type="checkbox"/> I will furnish my own lodging (such as tent; camper; own, relative's, or friend's place)</p> <p><input type="checkbox"/> I will require assistance in finding lodging</p> | | | | | | | | | | | | | | | | | | | | |
| <p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Please specify)</p> | | | | | | | | | | | | | | | | | | | | |
| <p>19. How did you hear about this volunteer opportunity? Check all that apply.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Volunteer.gov</td> <td><input type="checkbox"/> Brochure</td> </tr> <tr> <td><input type="checkbox"/> Other internet or website</td> <td><input type="checkbox"/> Volunteer fair or event</td> </tr> <tr> <td><input type="checkbox"/> Advertisement</td> <td><input type="checkbox"/> Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/> Word of mouth (friend, colleague, family member)</td> <td></td> </tr> </table> | | <input type="checkbox"/> Volunteer.gov | <input type="checkbox"/> Brochure | <input type="checkbox"/> Other internet or website | <input type="checkbox"/> Volunteer fair or event | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Word of mouth (friend, colleague, family member) | | | | | | | | | | | | |
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| <p>Public Burden Statement</p> <p>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. USDA, DOI, DOC and DOD 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.</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Notice to Volunteer</p> <p>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.</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Privacy Act Statement</p> <p>Collection and use is covered by Privacy Act System of Records OPM/GOVT-1 and USDA/OP-1, 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 data will be used to maintain official records of volunteers of the USDA and USDI for the purposes of tort claims and injury compensation. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.</p> | | | | | | | | | | | | | | | | | | | | |
| <p>20. Signature</p> | <p>21. Date</p> | | | | | | | | | | | | | | | | | | | |

Hobe Sound Nature Center Volunteer Agreement

I, _____ commit to all procedures, expectations, and guidelines of the Hobe Sound Nature Center while I am a volunteer. I understand that I will receive a warning if my behavior is inappropriate and will be released as a volunteer if my behavior does not change.

Please initial next to each statement, showing that you understand and agree to it:

_____ I will maintain a high commitment to personal safety and that of fellow volunteers, staff, and guests and immediately report any incidents and/or concerns to the Hobe Sound Nature Center staff.

_____ I will commit to at least six (6) weeks of volunteering with the Hobe Sound Nature Center.

_____ I will be respectful to staff, guests, and fellow volunteers at all times.

_____ I will follow the roles and responsibilities as outlined in my position description.

_____ I will be reliable and prompt and will notify the Hobe Sound Nature Center staff if I am unable to complete my scheduled shift.

_____ I will attend all mandatory training sessions and/or meetings unless alternatives have been arranged with the Hobe Sound Nature Center staff.

_____ I will sign in and out during every shift and accurately record my volunteer hours.

_____ I will dress appropriately (volunteer shirts can be obtained for a \$5 donation).

_____ I will commit to upholding the Hobe Sound Nature Center's mission of promoting an environmental awareness in people of all ages.

Signature

Date

Parent/Guardian Signature Needed for Volunteers under 18 years of age:

I have reviewed and discussed the above agreement with my child. We understand that compliance with these commitments is required to volunteer at the Hobe Sound Nature Center.

Signature of Guardian

Date





Hobe Sound Nature Center Agreement to Volunteer

1. We will provide written information, training and support so you as a Volunteer are able to meet the responsibilities of your position.
2. We will respect the skills, dignity, and individual needs of the Volunteer, and adjust to accommodate individual requirements whenever possible.
3. We will be receptive to feedback from you as a Volunteer regarding ways in which we might improve our Volunteer program and mutually accomplish the Hobe Sound Nature Center's mission of promoting an environmental awareness to people of all ages.
4. We will maintain our commitment to the health and safety of all Volunteers, staff, and guests.
5. We will provide scholarship opportunities, letters of recommendations, reference letters, and/or proof of Volunteer hours to institutions that require it when asked by the Volunteer.