

ID:

Last Name:



EGLIN

NATURAL RESOURCES BRANCH

ID:

VOLUNTEER APPLICATION

1. Application Date		2. Name (Last, First, Middle)	
3. Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		4. Date of Birth	5. E-mail
6. Phone(s) (HOME)		(WORK)	(CELL)
7. Street Address (include apt. no. if any)		City, State, and Zip Code	
8. Employment (List company name, position held, and check all that apply below)			
<input type="checkbox"/> Active Duty Military <input type="checkbox"/> Military Contractor <input type="checkbox"/> Civilian <input type="checkbox"/> High School Student <input type="checkbox"/> College Student <input type="checkbox"/> Retired			
9. Which volunteer activities are you most interested in? (check all that apply)			
Fire Section <input type="checkbox"/> Backup on Brush Truck <input type="checkbox"/> Data Entry & Filing <input type="checkbox"/> Equipment Maintenance <input type="checkbox"/> Equipment Operator <input type="checkbox"/> Fireline Support <input type="checkbox"/> Radio Communications <input type="checkbox"/> Transport Equip & Workers	Forestry Section <input type="checkbox"/> Inventories and Surveys <input type="checkbox"/> Planting Trees & Plants <input type="checkbox"/> Timber Marking <input type="checkbox"/> Erosion Control/Soil Mgt. <input type="checkbox"/> Pest/Exotics control <input type="checkbox"/> Record Keeping <input type="checkbox"/> Data Entry/Filing/Copying	Wildlife Section <input type="checkbox"/> Trail/Campground Maint. <input type="checkbox"/> Game Surveys <input type="checkbox"/> Endangered Species Surveys <input type="checkbox"/> Fisheries Projects <input type="checkbox"/> Game Improvement Projects <input type="checkbox"/> End. Species Improvement Projects <input type="checkbox"/> Recreation Projects	Other <input type="checkbox"/> Any Office/Clerical <input type="checkbox"/> Tour Guide <input type="checkbox"/> Any maintenance <input type="checkbox"/> Computer Support <input type="checkbox"/> Project Leader <input type="checkbox"/> Other:
10. What qualifications, skills or experience would you bring to your volunteer work? (check all that apply)			
<input type="checkbox"/> ATV Certification <input type="checkbox"/> Backpacking/Camping <input type="checkbox"/> Biology <input type="checkbox"/> Birding <input type="checkbox"/> Boat Operation <input type="checkbox"/> Carpentry <input type="checkbox"/> Clerical/Office Machines <input type="checkbox"/> Computer Programming <input type="checkbox"/> Data Entry	<input type="checkbox"/> Game/Fish Management <input type="checkbox"/> G.P.S. use <input type="checkbox"/> Driver's License <input type="checkbox"/> Farming/Gardening <input type="checkbox"/> First Aid Certificate <input type="checkbox"/> Hand/Power Tools <input type="checkbox"/> Heavy Equipment Operation <input type="checkbox"/> S-130, S-190 Fire fighting <input type="checkbox"/> Landscaping/Reforestation	<input type="checkbox"/> Land Surveying <input type="checkbox"/> Map Reading <input type="checkbox"/> Photography <input type="checkbox"/> Public Speaking <input type="checkbox"/> Research/Librarian <input type="checkbox"/> Sign Language <input type="checkbox"/> Supervision <input type="checkbox"/> Teaching <input type="checkbox"/> Working with People	<input type="checkbox"/> Writing/Editing <input type="checkbox"/> Other:

Eglin Natural Resources Branch Volunteer Coordinator:

107 Highway 85 North, Niceville, Florida 32578

♦ Phone: 850-882-8395 ♦ Fax: 850-882-5321 ♦ Email: Christina.Meyer.4.ctr@us.af.mil

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11. Have you volunteered before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please briefly describe your volunteer experience.				
12. Would you like to supervise other volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No				
13. What are some of your personal objectives for working as a volunteer? (Optional):				
14. If you have a disability, what accommodations would you need to do this volunteer position?				
15. When would you be available for volunteer work?				
MONTHS		DAYS		HOURS
<input type="checkbox"/> January	<input type="checkbox"/> July	<input type="checkbox"/> Monday	<input type="checkbox"/> Morning	<i>How many hours per week?</i> <i>If not weekly, how many hours per month?</i> <i>Any other information about your availability?</i>
<input type="checkbox"/> February	<input type="checkbox"/> August	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Early Afternoon	
<input type="checkbox"/> March	<input type="checkbox"/> September	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Late Afternoon	
<input type="checkbox"/> April	<input type="checkbox"/> October	<input type="checkbox"/> Thursday	<input type="checkbox"/> Early evening	
<input type="checkbox"/> May	<input type="checkbox"/> November	<input type="checkbox"/> Friday	<input type="checkbox"/> Available only for evenings and weekends	
<input type="checkbox"/> June	<input type="checkbox"/> December	<input type="checkbox"/> Saturday		
16. Please use the space below to list 3 non-family member references.				
Name: Phone Number: Relationship: Years known:		Name: Phone Number: Relationship: Years known:		Name: Phone Number: Relationship: Years known:
17. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				
18. This space is provided for more detailed responses or additional comments (anything else you feel we should know):				
Notice to Volunteer Volunteers are recruited and accepted from the public without regard to race, creed, religion, age, sex, color, or national origin Volunteers are not considered to be Federal employees for any purpose other than tort claims and injury compensation. Volunteer services are not creditable for leave accrual or any other benefit. However, volunteer service is creditable work experience.				
Privacy Act Statement Following information is provided to comply with the Privacy Act (PL 93-579). Federal Codes 5 U.S.C. 301 and 7 CFR 260 authorize 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.				
17. Signature (sign in ink) If applying electronically, you may sign when you come for orientation)				18. Date

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Eglin AFB Natural Resources Branch
Volunteer Resources

Emergency Medical and Contact Information

Volunteer Name - Last, first, middle (Please print)

Volunteer ID (if applicable)

Emergency Medical Information:

Allergies: _____

Medications: _____

Blood type: _____ Other Info: _____

Physician's Name: _____ Physician's Phone # : _____

Emergency Contact Information:

Primary Contact Name:

Relationship to Volunteer:

Daytime Phone:

Evening/Weekend Phone:

Cell:

Address:

Secondary Contact Name:

Relationship to Volunteer:

Daytime Phone:

Evening/Weekend Phone:

Cell:

Address:

If I am involved in a personal emergency,
I give my authorization for the above people to be contacted.

Volunteer Signature

Date