BUREAU OF LAND MANAGEMENT
GLENNALLEN FIELD OFFICE
VOLUNTEER APPLICATION

Name: _____ DOB _____ SSN#:_____

Name: _____ DOB _____ SSN#:_____

Address: _____ TELEPHONE#: (____) _____

_____ CELL PHONE# (____) _____

Available from: _____To: _____

*****

Are you employed? Y ( ) N ( ) Retired? Y ( ) N ( )

Occupation of applicant(s):_____

Past Employer	Address	Phone Number
_____	_____	(____)_____
_____	_____	(____)_____
_____	_____	(____)_____

May we contact them? Y ( ) N ( )

*****

Do you have previous volunteer experience? Y ( ) N ( ) If yes, please provide information:

Duty/Location	Dates	Supervisor Name	Phone Number
_____	_____	_____	(____)_____
_____	_____	_____	(____)_____

May we contact them? Y ( ) N ( )

*****

Type of camping equipment: Motorhome( ) Camper( ) Trailer( ) Total length_____ Self-contained? Y ( ) N ( )

Do you have a valid driver's license? Y ( ) N ( ) State: _____ Number: _____
State: _____ Number: _____

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_____ _____
Signature: Applicant Date:

_____ _____
Signature: Applicant Date:

(PLEASE CONTINUE ON REVERSE SIDE)

The following are questions which will help in interviewing and selecting volunteers. If applying as a couple, please include information about both of you. (Add extra sheets as needed.)

1.) What are your reasons for volunteering?

_____

_____

_____

_____

2.) How did you hear about the Volunteer Program?

_____

_____

3.) Do you have any medical/physical condition(s) we should take into consideration, when assigning tasks or chores?

_____

_____

_____

4.) Are there any additional comments? Please describe any special skills, interests, hobbies, experience or training (i.e., CPR, first aid, boating safety, working with the public, etc.) that will apply to your work as a volunteer.

_____

_____

_____

_____

_____

Privacy Act Statement

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. Furnishing this data is voluntary, however if this form is incomplete, processing of the application cannot proceed.

Please return to:

ATTN: OUTDOOR RECREATION PLANNER
BUREAU OF LAND MANAGEMENT
GLENNALLEN FIELD OFFICE
PO BOX 147
GLENNALLEN, AK 99588
Phone: (907) 822-3217

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(FOR OFFICE USE ONLY)

Interview date: _____ Interviewer: _____

Action taken: _____

Revised 04/2012