



APPLICATION FOR VOLUNTEER PROGRAM

State Form 45976 (R3 / 7-14)

INDIANA DEPARTMENT OF NATURAL RESOURCES

* Your Social Security number and/or Federal Identification number is requested in accordance with the provisions of IC 4-1-8-1. Disclosure is voluntary and you will not be penalized for refusal. Social Security Numbers may be made available to the Indiana Department of Revenue.

Name of applicant (<i>first, last</i>)		Social Security number* (<i>last four digits only</i>)
Mailing address (<i>number and street, city, state, and ZIP code</i>)		
Date of birth (<i>month, day, year</i>)	Telephone number (home) ()	Telephone number (<i>work or cellular</i>) ()
Present occupation or, if retired, former occupation		County of residence
Have you ever volunteered for the Department of Natural Resources previously? If yes, in what capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail address
What categories interest you? (<i>Check all that apply.</i>)		
<input type="checkbox"/> Audio / Visual and Presentations	<input type="checkbox"/> Habitat and Wildlife Projects	<input type="checkbox"/> Research
<input type="checkbox"/> Campground Host	<input type="checkbox"/> Historical Preservation	<input type="checkbox"/> Stewardship
<input type="checkbox"/> Construction / Maintenance	<input type="checkbox"/> Marketing	<input type="checkbox"/> Technical Assistance
<input type="checkbox"/> Computers	<input type="checkbox"/> Office / Clerical	<input type="checkbox"/> Trail Work
<input type="checkbox"/> Education / Interpretation	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Web / Social Media
<input type="checkbox"/> Environmental Monitoring	<input type="checkbox"/> Recycling	<input type="checkbox"/> Other _____
What skills or experience do you have that you would like to use in your volunteer work?		
<input type="checkbox"/> Accessibility Designing	<input type="checkbox"/> Forestry	<input type="checkbox"/> Supervision
<input type="checkbox"/> Animal Rehabilitation	<input type="checkbox"/> GIS / GPS Usage	<input type="checkbox"/> Trail Construction / Maintenance
<input type="checkbox"/> Audio-Visual equipment use	<input type="checkbox"/> Graphic Design / Artwork	<input type="checkbox"/> Video Production
<input type="checkbox"/> Biomonitoring Lakes, Streams, and Ponds	<input type="checkbox"/> Hand Power Tools	<input type="checkbox"/> Web Design
<input type="checkbox"/> Boat Operation	<input type="checkbox"/> Heavy Equipment Operation	<input type="checkbox"/> Wetlands and Pollution Watch
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Horticulture	<input type="checkbox"/> Wildlife Management
<input type="checkbox"/> Clerical / Office Machines	<input type="checkbox"/> Landscaping / Land Design	<input type="checkbox"/> Working with people
<input type="checkbox"/> Computer Applications	<input type="checkbox"/> Marketing	<input type="checkbox"/> Writing / Editing
<input type="checkbox"/> Development / Fund Raising	<input type="checkbox"/> Nature Study	<input type="checkbox"/> Other Trade Skills _____
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Photography	_____
<input type="checkbox"/> Education and Public Programs	<input type="checkbox"/> Public Speaking / Presentations	<input type="checkbox"/> Other _____
<input type="checkbox"/> First Aid Certificate	<input type="checkbox"/> Social Media	_____
What would you like to gain from volunteering? What are some of your objectives?		
List cities or state properties in which you are seeking volunteer work:		
Please list all hobbies and interests:		
What training or formal education have you had that might help you volunteer with us?		
Please specify any physical limitations that may influence your volunteer work:		
What days are you available for volunteer work? <input type="checkbox"/> All <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		
What time are you available for volunteer work? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	How many hours per week do you wish to volunteer?	If you do not want a weekly schedule, what is your preference?
How long would you like your initial commitment to be with us? <input type="checkbox"/> Six (6) months <input type="checkbox"/> One (1) year <input type="checkbox"/> Other _____	I would travel up to _____ miles as part of my volunteer work.	
How did you hear about the Natural Resources Volunteer Program?		
Emergency Contact:		

FOR CAMPGROUND HOST APPLICANTS ONLY

Are you available for at least one month from May to October? <input type="checkbox"/> Yes <input type="checkbox"/> No	Identify dates available
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What type of camping unit would you bring / use?

Preferred property(ies) <i>(list up to three)</i>	Have you camped at these properties before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Other family members who would reside full time at the campsite:

Name	Age	Name	Age

List three (3) references.

Name	Occupation	Telephone Number	E-mail Address

CERTIFICATE OF APPLICANT

I hereby certify that there are no misrepresentations in or falsifications of these statements and answers. I am aware that, should investigations disclose such, my application will be disqualified, my name removed from all eligible lists, and my applications for future examinations will not be accepted. I am also aware that falsification of this application or any accompanying data may result in my dismissal from any position in State service.

Signature of applicant	Date signed <i>(month, day, year)</i>
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FOR OFFICE USE ONLY

NOTES

Date of interview *(month, day, year)*

ACTION
