

U.S. Department of Agriculture, Agricultural Research Service  
Beltsville Agricultural Research Center

Volunteer Coordinator  
10300 Baltimore Avenue  
Beltsville, MD 20705  
Phone: (301) 504-6507

## Volunteer Application

Please complete this form as fully as possible. Clicking the E-MAIL Form button at the bottom will send it to [BARC.Volunteer@ars.usda.gov](mailto:BARC.Volunteer@ars.usda.gov).

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**Interests/Abilities** (please check)

- |                                   |                                    |                                       |                                   |
|-----------------------------------|------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Art      | <input type="checkbox"/> Computers | <input type="checkbox"/> Nature Study | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Birding  | <input type="checkbox"/> Gardening | <input type="checkbox"/> Photography  | <input type="checkbox"/> Guide    |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Library   | <input type="checkbox"/> Herbarium    | <input type="checkbox"/> Research |

Language (specify) \_\_\_\_\_ Other \_\_\_\_\_

**Availability for Volunteer Service** (please check)

- |   |                                  |                                    |                              |                              |                              |                              |
|---|----------------------------------|------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Mon            | <input type="checkbox"/> Tue     | <input type="checkbox"/> Wed       | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |                              |                              |                              |                              |

Prior Volunteer Experience:

Strengths and/or skills you feel will enhance your volunteer work:

Knowledge and experience you have in agriculture and/or science:

Skills/Interests/Hobbies:

What do you hope to gain from this volunteer position?

Is there any reason why you would be unable to perform duties as a volunteer at BARC e.g. allergies, medical conditions?

**PRIVACY AND PAPERWORK REDUCTION ACT STATEMENTS**

**Privacy Act Information:** This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974) for individuals completing Federal records and forms that solicit personal information. The authority is Title 5 of the U.S. Code, sections 1302, 3301, 3304, and 7201.

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**Effects of Non-Disclosure:** Providing this information is voluntary, however, without it we may not be able to respond to you regarding the service you have requested.

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