



APPLICATION FORM

Date: _____

FWS Employee: _____ NRCS Employee _____ Title: _____

Producer: _____ Type of Operation: _____

Applicant Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Locations you would like to go (be as specific as possible):

If you have physical limitations, disabilities, allergies, or other circumstances that would prevent you from doing particular activities, please list those below (e.g. I am allergic to hay so I cannot do activities that involve hay; I had surgery on my knee and cannot walk more than ½ mile.)

What are your conservation goals?

What type(s) of activities / programs, would you like to experience or learn about?

(NOTE: Farmers, ranchers, etc. will be asked to complete a volunteer application form. Volunteers are provided with worker's compensation and tort coverage.)

AGENCY EMPLOYEES ONLY

Agency employees must provide this application along with a brief write-up which states what they hope to learn from this experience and how this will benefit them in their current or future position with the Agency. Additionally, list any costs associated with your participation.

Employee Signature

Date

Immediate Supervisor

Date

Authorized Agency Approval

Date

