



**US Army Corps
of Engineers®**

U.S. Army Corps of Engineers, Jacksonville District
South Florida Operations Office (SFOO)
Volunteer Application

Please complete the following application and use additional paper if necessary.

1. GENERAL INFORMATION

Name _____
LAST FIRST MIDDLE INITIAL

Date of Birth _____ Social Security Number _____

If under 18 years of age, name of parent or guardian: _____

Permanent Address _____

CITY STATE ZIP CODE

Day Time Telephone Number _____
AREA CODE

Evening Telephone Number _____
AREA CODE

E:mail Address: _____

Temporary Address _____

CITY STATE ZIP CODE

Day Time Telephone Number _____
AREA CODE

Evening Telephone Number _____
AREA CODE

If you have indicated a temporary address, please indicate dates when you will be at the temporary address: _____

If you are traveling please provide a telephone number where you may be contacted or a message may be left: _____
AREA CODE

Are you a U.S. Citizen (please circle)? YES NO

Why do you want to volunteer at Lake Okeechobee & the Okeechobee Waterway?

Have you ever been convicted of an offense? (please circle) YES NO
If YES, please list and describe the offense below. A conviction does not mean you cannot be accepted as a volunteer.

2. VOLUNTEER POSITION DESIRED

- | | |
|--|---|
| <input type="checkbox"/> Lake Okeechobee & the Okeechobee Waterway Caretaker | <input type="checkbox"/> St. Lucie Visitor Center Host |
| <input type="checkbox"/> Ortona North Day Use Area Park Host | <input type="checkbox"/> W.P. Franklin South Day Use Area Park Host |
| <input type="checkbox"/> Ortona South Campground Manatee Watch | <input type="checkbox"/> W.P. Franklin Visitor Center Host |
| <input type="checkbox"/> St. Lucie Lock Manatee Watch | <input type="checkbox"/> W.P. Franklin Water Safety Presenter |

3. KNOWLEDGE, SKILLS, & ABILITIES (KSA's)

Please check any special KSA's that you have and wish to share with the SFOO.

- | | |
|---|---|
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Backpacking/Camping |
| <input type="checkbox"/> Typing/Clerical | <input type="checkbox"/> Biology |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Boat Operation |
| <input type="checkbox"/> Research/Field Studies | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Heavy Equipment Operation |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Land Surveying |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Landscape/Reforestation |
| <input type="checkbox"/> Hand/Power Tool Operation | <input type="checkbox"/> Writing Skills |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Map Reading |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Research/Librarian |
| <input type="checkbox"/> Curatorial | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Speak Foreign Languages (please specify) _____ | <input type="checkbox"/> Other (please specify) _____ |
| _____ | _____ |
| _____ | _____ |

Please list the organizations of which you are currently a member:

4. CERTIFICATIONS & LICENSES

Driver's License Number _____ State _____ Expiration _____

Please list any other licenses or certifications that you may have below:

5. HEALTH

On a separate sheet of paper list and describe any physical limitations that may effect your duties as a volunteer. (Some positions require outdoor work in varied weather conditions or require walking, hiking, or standing for long periods of time).

6. AVAILIBILITY

When will you be able to volunteer? From _____ To _____
 Month/Day/Year Month/Day/Year

What days of the week are you willing to volunteer? (please circle)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Approximately how many hours a week would you like to volunteer? _____

Do you have a camper, trailer, or tent to be used for housing? YES NO

Please specify _____

7. REFERENCES

List two reference (not relatives) that will verify the information listed within the application.

(1) Name _____
 LAST FIRST MIDDLE INITIAL

Permanent Address _____

CITY STATE ZIP CODE

Telephone Number _____
 AREA CODE

(2) Name _____
 LAST FIRST MIDDLE INITIAL

Permanent Address _____

CITY STATE ZIP CODE

Telephone Number _____
 AREA CODE

8. EDUCATIONAL BACKGROUND

	School Name/Location	Major Studies	Degree(s)
High School	_____	_____	_____
Under-Graduate	_____	_____	_____
Graduate	_____	_____	_____

9. VOLUNTEER/WORK EXPERIENCE

(1) Employer's Name _____

Employer's Address _____

CITY STATE ZIP CODE

Telephone Number AREA CODE _____

Dates Worked From Month & Year To Month & Year

Duties _____

(2) Employer's Name _____

Employer's Address _____

CITY STATE ZIP CODE

Telephone Number AREA CODE _____

Dates Worked From Month & Year To Month & Year

Duties _____

10. OUTSIDE AGENCY REQUESTS

Unfortunately, the SFOO is unable to use all of the volunteers that apply. From time to time other agencies contact us requesting potential volunteers. If you would like your application forwarded to other agencies please check the appropriate box below:

Yes, forward my application No, do not forward my application

11. APPLICANT CERTIFICATION

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not accepting my volunteer application and services.

Signature of Applicant

Date

PRIVACY ACT STATEMENT

This information is provided to comply with the Privacy Act PL 93-579 and 7 CFR 260 authorize acceptance of the information requested on this form. The data will be used to contract applicants and to interview, screen, and select them for volunteer assignments. Furnishing the above information is voluntary.