

THE EARTH TEAM
Soil Conservation Service Volunteer Program

Volunteer Application

NAME (Last, First, Middle) Please Print or Type:		ADDRESS (City, State or Province, Zip Code or Postal Code, County)	
DATE OF BIRTH:		PHONE NO. (Include area code)	
SOCIAL SECURITY NUMBER:		BUSINESS ()	HOME ()
EDUCATION: (Circle highest level of education completed)			
GRADE SCHOOL		HIGH SCHOOL	COLLEGE
1 2 3 4 5 6 7 8		9 10 11 12	13 14 15 16 17 18 19
1. DO YOU HAVE A DRIVERS LICENSE?		IN CASE OF AN EMERGENCY NOTIFY:	
YES <input type="checkbox"/> NO <input type="checkbox"/> STATE:		NAME:	
2. AREA OF AVAILABILITY (City or County, and State/Province) AND DATE OF AVAILABILITY		ADDRESS:	
3. VOLUNTARY POSITIONS APPLYING FOR		PHONE NO.	
4. I EXPECT TO VOLUNTEER APPROXIMATELY		()	
hour per week to the Earth Team			
APPLICANT'S SIGNATURE:			DATE SIGNED

FOR AGENCY USE ONLY (Assigned Duty Station)

SCS Supervisor: Attach volunteer job description and forward to next administrative level. (Retain a copy for your file.)

A. LOCATION (City, County, State/Province) Congressional District Number		B. AGENCY (Check one)	
		F.O. <input type="checkbox"/>	A.O. <input type="checkbox"/> S.O. <input type="checkbox"/> N.O. <input type="checkbox"/>
C. TERMINATION DATE:		D. TOTAL HOURS SERVED:	

COMMENTS:



SCS REPRESENTATIVE SIGNATURE	TITLE	DATE SIGNED