

BOB MARSHALL WILDERNESS FOUNDATION VOLUNTEER REGISTRATION

Thank you for choosing to volunteer with the Bob Marshall Wilderness Foundation! Your help is much appreciated and needed to maintain the trails and campsites of the Bob Marshall Wilderness Complex. The forms below are included in the registration packet. Use this checklist to be sure you have completed all the information we need to enroll you for a service project. Also, don't forget to read the FAQ (Frequently Asked Questions) web page for more information on our cancellation policy and the importance of fulfilling your commitment > www.bmwf.org.



Part 1: Bob Marshall Wilderness Foundation Volunteer Registration Form

Personal information about your health, emergency contact, outdoor experience and dietary needs. Don't forget to include your \$50 refundable trip deposit payable with check or online at www.bmwf.org > Volunteer > Register.



Part 2: US Forest Service Volunteer Application

Please complete and sign this government volunteer form. Make sure that item numbers 1-6, 13, 18a, b, c 19 and 20 are filled out completely.



Part 3: US Forest Service Job Hazard Analysis (JHA) Safety Signature Form

Please read the safety items on the backcountry trail work safety form and the saws and hand tools safety form. Then sign the JHA and Emergency Evacuation Acknowledgement Form . *It is not necessary to send back the JHA description, only the JHA Signature Form.*

EMAIL

coordinator@bmwf.org
Program Coordinator

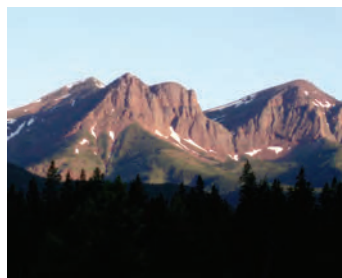
MAIL

Bob Marshall
Wilderness Foundation
Attn: New Registration
PO Box 190688
Hungry Horse, MT 59919

FAX

406.387.3889
Attn: New Registration
**call after faxing to confirm receipt*
406.387.3808 phone

Please submit by the project RSVP date. It is not necessary to include this cover sheet with your registration. Please call with any questions: 406.387.3808.





**BOB MARSHALL WILDERNESS FOUNDATION VOLUNTEER REGISTRATION
PART 1: BMWF REGISTRATION FORM**

Personal Information *required info			
Full Name* (One person per form)			
Mailing Address*		Street or PO Box	City, State, Zip
Primary phone*		Cell	Home Work
Other phone		Cell	Home Work
Fax			
Primary e-mail address**			
<small>**BMWf will use this email address to send project information and updates. Please check regularly.</small>			
Project Registration			
<p>▶Individual Volunteers: Please include a \$50 registration deposit for each overnight and weeklong project. Day trips and partner projects do not require a \$50 deposit. Please make checks payable to BMWf and send to the BMWf office no later than 1 week before project start date, please. At the end of your project, you will have the option to donate your deposit to the Bob Marshall Wilderness Foundation or receive a reimbursement (allow 3-4 weeks). All reimbursements will be in the form of a check, even if you made your deposit by debit/credit card online. See Registration Information online at www.bmwf.org > Volunteer for more details.</p> <p>▶Partner Groups: Partner groups are pre-arranged projects with the BMWf that required a pre-season deposit. These projects DO NOT require an additional per person \$50 deposit. If you are not sure if your group is a partner group, please call the BMWf office to verify. Partner deposits will be reimbursed after successful project completion in the form of a check (allow 3-4 weeks).</p>			
Project Name & Dates		Amt. Submitted With This Form	Deposit Sent to BMWf via:
		\$	Check Online
		\$	Check Online
		\$	Check Online
I am submitting a deposit for another volunteer. Name(s): Someone else is submitting a deposit for me. Name:			
Emergency and Medical Information *required info			
Emergency contact's name*			
Emergency contact's address			
Emergency contact's phone*			
Doctor's name, phone, address			
Health insurance carrier and member#			
Blood type (if known)			
Known medical conditions*			
<small>Include any previous injuries to ankles, knees, back etc. and any recent surgeries. Please let us know if your health status changes after you sign up!</small>			
Known allergies and reactions*			
<small>Include meds, food, environmental, etc</small>			
Will you bring allergy medication?*			
Current medications*			



BOB MARSHALL WILDERNESS FOUNDATION

PART 1: BMWF REGISTRATION FORM

Health

Volunteer work requires physical activity including hiking long distances, lifting and using primitive tools. Please specify any physical limitations that may limit your activity. This information will be used to place you in a safe and appropriate work setting – limitations do not automatically exclude you from participating.

▶ I really shouldn't: Bend Lift Be on my feet for long periods Move Doesn't apply

▶ I am as healthy as: A Racehorse An Ox The Family Dog A Three-Toed Sloth

▶ Please indicate other physical limitations we should know about. Tell the truth:

▶ What do you do to stay in shape?

Outdoor Experience

▶ Have you volunteered with the Bob Marshall Foundation in the past? Yes No

▶ If so, when? Which project?

▶ Do you have any trail maintenance experience? None Some Lots Trail Dog

(Please note that trail maintenance experience is not a prerequisite for participating on a project.)

▶ What about hiking experience? Mostly Day Trips Some Lots Bob Marshall level

▶ What is your overnight camping experience?

Backcountry:	None	Some	Lots	Showers are overrated
Car Camping:	None	Some	Lots	I love the smell of pit toilets

▶ Are you familiar with Leave No Trace? What's that? Some Lots Pack it all out!

Dietary Restrictions and Preferences

▶ What do you consider yourself? Please select Vegetarian OR Carnivore – not both.

Vegetarian...	Flexible	Hard Core Veg-head
Carnivore...	I don't have to have it	I sure like it Must have meat, grrr!

▶ What is your preferred hot beverage: (indicate cups per day, AM and PM)

Coffee:	Decaf	1 cup in the AM	2-3 cups/day	DON'T forget it!
Hot Tea:	Green	Black	Decaf	Whatever
Hot Cocoa:	Pack it	Don't need it		

▶ Other food/dietary comments:

If you have ANY other food restrictions, you MUST contact BMWF to inform us. We will do our best to accommodate your preferences, but if you have a terribly restrictive or specialized diet, we ask that you be willing to supplement meals with your desired or needed food. Thanks in advance for your understanding.

BOB MARSHALL WILDERNESS FOUNDATION VOLUNTEER REGISTRATION
PART 2: US FOREST SERVICE VOLUNTEER APPLICATION

Volunteer Application for Natural Resources Agencies		Instructions: Mark <input checked="" type="checkbox"/> in the appropriate boxes, for other items either print or type responses. If extra space is needed use item 18. Items # 1-6, 13, 19 & 20 is required information.	
1. Full Name	2. Age	3. Telephone Number	4. Email Address
5. Street Address		6. City, State, and Zip Code	
7. Which general volunteer work categories are you most interested in? <i>Optional</i>			
Archeology	Historical/ Preservation	Soil/ Watershed	
Botany	Pest/Disease Control	Timber/Fire Prevention	
Campground Host	Minerals/ Geology	Trail/Campground Maintenance	
Construction Maintenance	Natural Resources Planning	Tour Guide/Interpretation	
Computers	Office/Clerical	Visitor Information	
Conservation Education	Range/Livestock	Other (Please specify)	
Fish/Wildlife	Research/Librarian		
8. What qualifications/skills/experience/education do you have that you would like to use in your volunteer work? <i>Optional</i>			
Backpacking/Camping	Heavy Equipment Operation	Sign Language	
Biology	Horses – Care/ Riding	Supervision	
Boat Operation	Landscaping/Reforestation	Other Trade skills (Please specify)	
Carpentry	Land Surveying		
Clerical/Office Machines	Livestock/Ranching	Teaching	
Computer Programming	Map reading	Working with People	
Drafting/Graphics	Mountaineering	Writing/Editing	
Driver's License	Photography	Other (Please specify)	
First Aid Certificate	Public Speaking		
Hand/Power Tools	Research/Librarian		
9. Based on boxes checked in items 6 and 7, what particular type of volunteer work would you like to do? (Please describe any specific qualifications, skills, experience, or education that apply.) <i>Optional</i>			
11. a. Have you volunteered before? <i>Optional</i> Yes No b. If Yes, please briefly describe your volunteer experience.			
12. Would you like to supervise other volunteers? <i>Optional</i> Yes No			
13. What are some of your objectives for working as a volunteer? <i>Optional</i>			
14. Please specify any physical limitations that may influence your volunteer work activities:			

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PART 2: US FOREST SERVICE VOLUNTEER APPLICATION

<p>15a. Which months would you be available for volunteer work? <i>Optional</i></p> <table style="width: 100%; text-align: center;"> <tr> <td>January</td> <td>February</td> <td>March</td> <td>April</td> <td>May</td> <td>June</td> </tr> <tr> <td>July</td> <td>August</td> <td>September</td> <td>October</td> <td>November</td> <td>December</td> </tr> </table>						January	February	March	April	May	June	July	August	September	October	November	December
January	February	March	April	May	June												
July	August	September	October	November	December												
<p>15b. How many hours per week would you be available for volunteer work?</p>				<p>Hours</p>													
<p>15c. Which days per week would you be available for volunteer work?</p> <table style="width: 100%; text-align: center;"> <tr> <td>Monday</td> <td>Tuesday</td> <td>Wednesday</td> <td>Thursday</td> <td>Friday</td> <td>Saturday</td> <td>Sunday</td> </tr> </table>						Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday											
<p>16. Specify at least three states or specific locations within a state where you would like to do volunteer work. <i>Optional</i></p>																	
<p>17. Specify your lodging requirements: <i>Optional</i></p> <p style="margin-left: 20px;">I will furnish my own lodging (such as tent; camper; own, relative's, or friend's place)</p> <p style="margin-left: 20px;">I will require assistance in finding lodging</p>																	
<p>18. If a volunteer assignment is not available at the location specified in item 15, do you want your application forwarded to another location, or Federal agency, seeking volunteers with your background/interest? <i>Optional</i></p> <p style="margin-left: 20px;">Yes No (Please specify)</p>																	
<p>19. This is provided for more detailed responses. Please indicate the item numbers to which these responses apply:</p>																	
<p>Burden Statement</p>																	
<p><i>According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</i></p> <p><i>The U.S. Department of Agriculture (USDA) and U.S. Department of the Interior prohibit discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).</i></p> <p><i>To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA and USDI are equal opportunity providers and employers.</i></p>																	
<p>Notice to Volunteer</p>																	
<p>Volunteers are not considered Federal employees for any purposes other than tort claims and injury compensation. Volunteer service is not creditable for leave accrual or any other benefit. However, volunteer service is creditable work experience.</p>																	
<p>Privacy Act Statement</p>																	
<p><i>Collection and use is covered by Privacy Act System of Records OPM/GOVT-1 and USDA/OP-1, and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA and USDI for the purposes of tort claims and injury compensation. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.</i></p>																	
<p>19a. Volunteer Signature (Sign in ink if mailing. Electronic signatures are official and binding.)</p>				<p>20a. Date</p>													
<p>19b. Parental or Guardian Consent if under 18 years of age (required). (Sign in ink if mailing. Electronic signatures are official and binding.) Please fill in below or attach a signed permission form.</p>				<p>20b. Date</p>													

