



## Western North Carolina Nature Center Senior/School Project Application

Dear Student,

We appreciate your interest in working at the WNC Nature Center for your Senior/School Project. We need details as to the goals and objectives for your project, so please complete the following three pages and return them all to our facility as soon as you can.

Students asking to do Senior/School Project with the WNC Nature Center will need to qualify their work with precise information and agree to the following conditions:

1. **Application & Waiver:** each student must complete a WNCNC Senior/School Project Application, Student Waiver and Release signed by both the student and his/her parent(s)/guardian(s), and a Letter of Intent describing in detail his/her project.
2. **Objectives:** The project must have a direct correlation to environmental education, wildlife management, or animal welfare. No general community service work is available for Senior/School Projects.
3. **Selection:** Student project applications will be reviewed on the first Thursday of each month. If you are selected by the review committee, you will be scheduled at this time. If you are not selected, your application may be re-evaluated the following month.
4. **Scheduling:** Guidelines for the project are strict and must be managed tightly with concerns to timeline, start/stop dates, interviews, etc. Students must be available to work consecutively on a Saturday and Sunday (only 2 Saturdays and 2 Sundays will be designated as Student Project dates each month). You must be able to commit to your scheduled dates. If you forfeit a scheduled day, you will have to wait until the next available time slot opens which may be several weeks. **Don't wait until the last minute to begin your project!**
5. **Hours:** Students may work a maximum of 7.5 hours each visit, so plan accordingly when submitting your application. You will have 30-minutes for lunch, so please bring a water bottle and a meal with you.
6. **Interviews:** Students must make appointments with staff for in-person or phone interviews. Staff will not submit written answers to interview questions.
7. **Animal Contact:** Only staff is permitted to enter the animal exhibits and/or have direct contact with our animal collection.
8. **Safety:** To ensure the student's safety and productivity, volunteers will work one-on-one with a staff member, but cannot invite friends or family members to assist them during their volunteer hours. You may ask staff to take photos of you during your experience.

Thank you again for your interest in working with us to complete your Senior/School Project!

Return information to: WNC Nature Center, Attn: Chrissy Cochran, 75 Gashes Creek Road,  
Asheville, NC 28805 or [Ccochran@ashevillenc.gov](mailto:Ccochran@ashevillenc.gov)



ASHEVILLE  
Parks, Recreation  
& Cultural Arts



**Western North Carolina Nature Center  
Senior/School Project Application**

Name: \_\_\_\_\_ Circle one: Mr./Mrs./Ms.

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Telephone (W): \_\_\_\_\_ (H): \_\_\_\_\_

Email: \_\_\_\_\_

Are you over the age of 18?: Yes No

**Please give a brief description for each of the categories below.**

High School: \_\_\_\_\_

Have you ever worked with wildlife or animals before? Yes or No

If yes, in what capacity?: \_\_\_\_\_

Number of hours needed: \_\_\_\_\_

Available times on Saturdays and Sundays: \_\_\_\_\_

Weekend date(s) NOT available to volunteer: \_\_\_\_\_

*NOTE: We will ask you to complete your Senior Project within a 4-week time period or less. We have many seniors trying to complete their projects and a very small staff at the Center. Your scheduled volunteer hours will be limited and not flexible, so plan accordingly and commit to your schedule.*

In case of an emergency, whom should we contact? \_\_\_\_\_

Phone: Cell- \_\_\_\_\_ Other- \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Cell- \_\_\_\_\_

Are you allergic to animal products (fur, feathers, scales, stings, etc.)? YES / NO

If yes, please describe severity. \_\_\_\_\_

Do you carry an "Epi-pen" with you at all times? YES / No

Please inform us of medications you may need in an emergency situation (candy, insulin, nitroglycerin, etc.)? \_\_\_\_\_

Date submitted: \_\_\_\_\_

Date received by Nature Center: \_\_\_\_\_ Staff: \_\_\_\_\_

Thank you for your interest in the WNC Nature Center's Volunteer Program!

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**ASHEVILLE**  
Parks, Recreation  
& Cultural Arts



**City of Asheville**  
**Student/Senior Project Volunteer Waiver and Release**

Name (print): \_\_\_\_\_

Contact information: phone \_\_\_\_\_ email \_\_\_\_\_

Emergency Contact information: \_\_\_\_\_

Season and Year of Service: \_\_\_\_\_

I understand that I will be providing my services without compensation and will not be considered an employee, agent or representative of the City of Asheville and am not entitled to any benefits of any kind, including, but not limited to, unemployment, workers' compensation or retirement benefits.

I understand I am solely responsible for my health and safety, and acknowledge I am physically capable of participating in this volunteer service. I am aware of the risks and dangers inherent in participating in this volunteer service and may cease my participation in this activity or decline to participate at any time. I certify that I am fully able to participate in these activities. I have provided emergency contact information on my application.

I understand that I will receive training to participate in the Senior Project Program and will be required to agree that I completely understand and will abide by the duties, rules and procedures indicated by my designated staff mentor. I understand that I will not always be under direct staff supervision while participating in the Senior Project Program.

By signing this document I acknowledge risks which may result in injury, death, disease, illness, and or damage to me or to my property and to others and their property while participating in the Senior Project Program sponsored by the WNC Nature Center. I accept full responsibility for my actions and agree to follow all instructions from staff mentors to help ensure my safety, and the safety of others and understand my failure to do so may impact my participation in the Senior Project Program and other WNC Nature Center activities.

I hereby release, indemnify, hold harmless, and defend the City of Asheville, its officials, officers, agents, and/or employees and volunteers, including staff leading any WNC Nature Center Program and any volunteer assisting staff from any responsibilities for any and all actions, claims or any liabilities whatsoever for damages, losses or injuries sustained by me, or any property belonging to me, whether caused by my own actions or the actions of others, from dangerous or defective property or equipment on WNC Nature Center grounds, known or unknown, now existing or arising in the future, in connection with my participation in the Senior Project Program.

I have carefully read this document and understand its contents. I also understand that signing this Volunteer Waiver and Release is a condition of my participation in this volunteer service. If I am under eighteen (18) years of age, my parent or legal guardian has completely reviewed this Waiver and Release, understands and consents to its terms, and authorizes my participation by his/her signature below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian (if under eighteen years of age): \_\_\_\_\_

Please print name of parent or guardian signing: \_\_\_\_\_



**City of Asheville**  
**Student/Senior Project Volunteer Photo Release**

I give my permission for the use of my name, and photographs or digital images of me and/or my children in materials and publications produced and distributed by the City of Asheville, without compensation. The images may be used in any manner or media without any notification, inspection or compensation. I release the City of Asheville and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such recording or use.

Name of Child:

\_\_\_\_\_

Last	First	MI
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I DO \_\_\_\_\_ I DO NOT \_\_\_\_\_      Give permission to have my child's FACE appear in any media coverage approved by the Program.

I DO \_\_\_\_\_ I DO NOT \_\_\_\_\_      Give permission to have my child's NAME appear in any media coverage approved by the Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_