

Young Naturalist Program Application 2021

Application deadline is Friday, May 7th, 2021 at 5pm

Important! You can complete a digital application at the following link:

<https://forms.gle/hhvgxwdy8tDGpN1R7>

Application Checklist

- Completed Application Form (2 pages)
- Program Waiver and Photo Release (2 pages)

For Staff Use Only

Date Received:

Received by:

General Information

Name: _____ Goes By: _____ Circle: She/He/ _____

Home Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ T-shirt size (adult sizes): _____

Grade (Fall 2021): _____ School(s): _____

Names of Parents/Guardians: _____

Student's Email Address (required): _____

Email Address of Guardian(s) (required): _____

Do you want to sign up for texts about program updates and reminders through remind.com?

YES / NO If yes, provide Student Cell Phone: _____

YES / NO (Required) Guardian's Cell Phone: _____

YES / NO Additional Phones: _____
(Number and Location/Type)

Email is our main form of communication. Please provide email addresses you check regularly!
If you don't hear about your application status by mid-May, please check with us to confirm your email address.

Emergency Contact(s): _____
(Name) (Phone) (Relationship)

Are there any court-authorized restrictions to custody or visitation? If yes, please describe and supply documentation: _____

List any medication(s) you are currently taking: _____

Do you suffer from allergic reactions? Yes / No What? _____

Do you have any dietary restrictions, personal conditions or other needs which may affect your ability to successfully participate in this program, or which may be significant in case of emergency or accident?

Personal Information

Have you ever participated in the Young Naturalist Program? YES / NO / NOT SURE

How did you hear about the Young Naturalist Program? _____

Do you have a service hour requirement? How many hours are required? For whom?

Why do you want to participate in the Young Naturalist Program? What do you hope to gain?

I understand that in signing this application:

- a. I have read the attached information, and I agree to be guided by the rules and regulations of the Western North Carolina Nature Center and the Young Naturalist Program.
- b. I affirm that the applicant has provided the information on this form and the information is true, correct and complete.

Applicant Signature

Date

Parent/Guardian Signature

Date

Please submit all application materials (*two (2) application pages and two (2) permission sheets*) to:

Young Naturalist Volunteer Coordinator
WNC Nature Center
75 Gashes Creek Road
Asheville, NC 28805

OR aschmidt@ashevillenc.gov
(scan and email)

City of Asheville
WNC Nature Center Teen Programming
Permission Agreement and Waiver of Liability Release

Teen programming at the WNC Nature Center sponsored by the City of Asheville Parks & Recreation Department, including the Young Naturalist and Young Curators programs and related activities (hereby referred to as the “Program”) may have inherent risks associated with them and many activities take place in an outdoor environment and involve travel by walking, hiking, and transportation in Program vehicles to and from activity locations. I acknowledge the inherent risks associated with travel to and from the WNC Nature Center and off-site activity locations. The Program is voluntary and individuals participate in activities at their own risk. I understand that my execution of this Waiver and Release is a prerequisite for participation in the Program and I do so knowingly and voluntarily. I certify that I am fully able to participate in these activities. I have provided emergency contact and medical treatment release information on my application.

I understand that I will receive training to participate in the Program and will be required to agree that I completely understand and will abide by the duties, rules and procedures of the Program. I understand that I will not always be under direct staff supervision while participating in the Program. I consent to this and the following: I will not be supervised once my volunteer shift ends each time I participate in the Program. I understand that I, as a minor under 16 years of age, may not be on the Nature Center grounds without the accompaniment of an adult other than a Nature Center staff member unless I am volunteering. To ensure my safety before and after my shifts, I agree to arrange to be dropped off immediately before my volunteer shifts begin and be picked up directly after my shifts end.

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 an activity and associated travel sponsored by the WNC Nature Center. I accept full responsibility for my actions and agree to follow all instructions from activity leaders to help ensure my safety, and the safety of others and understand my failure to do so may impact my participation in the 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 (Releasees) leading any WNC Nature Center Program and any volunteer assisting a Program 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 related to the Program on and/or off WNC Nature Center grounds, known or unknown, now existing or arising in the future, in connection with my participation in the Program. I hereby give permission to Releasees to secure emergency medical, dental, and/or emergency surgical treatment, and to provide emergency transportation for me while in care. Non-emergency medical treatment or elective surgery is not included in this authorization. I recognize that Releasees does not provide accident insurance on participants.

COVID-19

I agree that I want to resume my volunteer duties with Friends of WNC Nature Center or WNC Nature Center staff, and I am volunteering at my own free will. I will follow all COVID-19 health and safety protocols as stated by the CDC (Center for Disease Control), local health departments, and as outlined by the WNC Nature Center Director and Animal Curator. I understand that if I feel sick or unwell, I will not report to my in-person volunteer shift or workday.

COVID-19 Volunteer Guidelines

1. Please stay home if you feel sick. This includes coughing, shortness of breath, fatigue, lack of smell/taste, chills, muscle aches, headaches, sore throat, have a fever or if anyone in your house is sick or has been diagnosed with Covid over the past 2 weeks prior to volunteering.
2. Change into “volunteer” shoes in car and put on your mask (cloth or surgical) before entering. Please bring your own mask. If you do not have one, the Nature Center will provide one for you.
3. Wash hands for 20 seconds when you arrive on property.
4. Complete tasks in assigned area only--please do not walk around.
5. Maintain a social distance of 6 feet with anyone you come in contact with.
6. If you are going to take a break and eat a snack, please wash hands before and after eating.

CONSENT AND RELEASE OF PARENT OR GUARDIAN

If participant is under the age of 18, their Parent/Guardian consents to the minor’s participation in Program Activities and has read the terms and conditions of the Agreement set forth above and agrees to do the same. Parent/Guardian further waives any and all claims for medical care and related costs in relation to any injuries incurred during the course of the Activity.

I attest I am a legal ___parent/___guardian (**check one**) with custody of and authority over the Minor Participant submitting this form and declare that I am of sound mind. I agree with the specified terms and I have discussed the terms of this Agreement with the Minor Participant and I am assured the Minor Participant understands the Agreement. I give the Minor Participant permission to participate in the Program and related travel provided by theCity of Asheville WNC Nature Center.

Participant’s Name (printed): _____ Program Date(s): _____

Participant’s Date of Birth: _____ Age: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Participant’s Signature (if over 18): _____ Date: _____

PHOTO / MEDIA RELEASE

Name of Child: _____
Last
First
MI

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: _____