



**What days and times are you available to volunteer?** (All volunteers must be able to commit to a once a week shift for at least 3 months)

Emergency contact name and relationship:

Address:

City, State, Zip:

Phone: (W): (H):

Secondary Contact:

(H):

Are you allergic to animal products (fur, feathers, scales, stings, etc.)?

If yes, please describe severity.

Do you carry an "Epi-pen" with you at all times?

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

I verify that all the above information is true to the best of my knowledge:

Signature:

Date:

## **City of Asheville Waivers and Release Forms**

Name:

Date:

I hereby affirm that I have not been convicted of a criminal offense that requires my registration as a sexual offender in North Carolina or any other jurisdiction. I further affirm that I have  have not  been convicted of a criminal offense in North Carolina or any other jurisdiction. (Please explain the nature of the offense in the space provided below.)

I understand that by signing and/or electronically submitting this Volunteer/Intern Application, I am authorizing the Friends of the WNC Nature Center to investigate my background, including but not limited to performing a criminal background check and checking my name against any sex offender registry to determine my suitability as a volunteer. If my name is present on any sex offender registry, it will act as an automatic rejection of my application for a volunteer position. See Asheville Code of Ordinances, Chapter 11, Article 1, Section 11-19 (prohibiting sex offenders from being in public parks). If it is discovered that I have knowingly provided false information to the Friends of the WNC Nature Center on this application, it may subject me to charges of perjury. Submission of an application does not guarantee volunteer placement and explanations regarding denials of placement will not be provided. If an application is declined for any reason, any

information collected during the evaluation of the application or the reasons for the denial will be kept confidential except as may be required by law.

Signature:

Date:

**Submitting Photography:** Photographs submitted to the Friends of the WNC Nature Center become the property of the Friends, and your submission authorizes and permits the Friends unlimited use of them for publicity purposes without consideration or compensation. Publicity purposes include annual reports, newsletters, websites, information boards, press releases, billboards, posters, and media materials for use in magazines and newspapers. By submitting photographs, you represent and warrant that you created and shot the photo and you have the full and exclusive right to transfer the photograph(s) to the Friends free and clear of any claims or encumbrances.

Signature:

Date:

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 also 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 accept and assume these risks and agree to release, discharge and hold harmless the City of Asheville, its officers, employees, partners, and agents from any and all actions, the actions of others, or from dangerous or defective property or equipment, known or unknown, now existing or which may arise in the future, on account of or in any way related to or arising out of my participation in this volunteer service.

I understand that signing this Volunteer Waiver and Release is a condition of my participation in this volunteer service. I have carefully read this document and understand its contents. 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.

In addition, 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.

Signature:

Date: