



## Western North Carolina Nature Center Apprenticeship Application (Ages 18 and older)

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Goes By: \_\_\_\_\_

Preference:  they/them  she/her  he/him  other  prefer not to say

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

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

Telephone (C): \_\_\_\_\_ (H): \_\_\_\_\_

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

Are you over the age of 18?:  Yes  No

Date available to begin work: \_\_\_\_\_ Date you must end work: \_\_\_\_\_

Are these volunteer hours needed for any particular course or for general graduation credits?:  Yes  No

If yes: Name of School: \_\_\_\_\_

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

Are you able to commit *at least* 20 hours per week during the apprenticeship period?:  Yes  No

Day(s) available to volunteer: \_\_\_\_\_

Available times: \_\_\_\_\_

### Education:

Please circle the highest level of education you have obtained so far:

High School      College years 1 2 3 4      Graduate studies 1 2 3

Degree: Associates      Bachelors      Masters

College: \_\_\_\_\_

Major/minor: \_\_\_\_\_



**Interest and Experience:**

1. Have you ever worked with domestic animals or wildlife before? What capacity?
2. Please describe your experiences involving working with kids, teens, or the public, both formally and informally.
3. What skills, knowledge and experience do you hope to gain?
4. Please tell us why you are interested in working at the WNC Nature Center specifically?
5. Briefly describe your professional history or any noteworthy work related experiences, if applicable.
6. Please list your involvement with other community organizations. Include the organization's name, your level of involvement and any leadership positions held.



In case of an emergency, whom should we contact?

Name: \_\_\_\_\_ Relationship? \_\_\_\_\_

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

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

Telephone (C): \_\_\_\_\_ (H): \_\_\_\_\_

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

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

Yes  No

If yes, please describe the 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.)?

\_\_\_\_\_  
\_\_\_\_\_

References: List three professional references including name, address and phone number

- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_

Checklist of things to send along with application:

- Resume (2 page maximum)
- Letter of intent/interest (1 page maximum)
- Completed WNC Nature Center Volunteer Waiver, City of Asheville Waiver/Release
- Background Check Authorization Form

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

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

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



Submit all application materials to Chrissy Cochran by mail or email:  
[ccochedran@ashevillenc.gov](mailto:ccochedran@ashevillenc.gov)

*Mailing Address:*  
WNC Nature Center  
Attn: Education Apprenticeships  
75 Gashes Creek Road  
Asheville, NC 28805

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



## WNC Nature Center Volunteer Waivers

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 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.)

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I understand that by signing and/or electronically submitting this Volunteer/Apprentice Application, I am authorizing the City of Asheville and/or 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 City of Asheville and/or 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.



## City of Asheville Volunteer Waiver and Release

Name: \_\_\_\_\_  
Telephone (C): \_\_\_\_\_ (H): \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Service (season and year): \_\_\_\_\_  
Scope of Services (what are you applying for?):  
\_\_\_\_\_

### Emergency Contact information:

Name: \_\_\_\_\_ Relationship? \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone (C): \_\_\_\_\_ (H): \_\_\_\_\_

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.**

In addition, I give my permission for the use of my name, and photographs or digital images of me 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: \_\_\_\_\_