

# Young Naturalist Program Application 2017

For New Applicants Only

**Important!** Applications **must** be filled out (*by hand*) by the individual applying for the position. If modifications to this policy are needed, please contact the Education Department to make arrangements.  
(Please Print Clearly!)

## Application Checklist – Due May 1, 2017

- Completed Application Form (4 pages)
- Permission Slip and Photo Release (1 page)
- Two Letters of Recommendation
- Current Photograph (that actually looks like you ☺)

<u>For Staff Use Only</u>
Date Received:
Received by:

## General Information

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

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

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

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

Current Grade: \_\_\_\_\_ School(s): \_\_\_\_\_

(Current & Rising)

Primary Phone: \_\_\_\_\_ Guardian's Cell/Work Phone: \_\_\_\_\_

Additional Phones: \_\_\_\_\_

(Number and Location/Type)

Names of Parents/Guardians: \_\_\_\_\_

*Email is our preferred form of communication about the program – we will email program updates/announcements, scheduling information, and additional volunteer opportunities. So please provide email addresses you check regularly!*  
If you don't receive an email from us regarding your application status by mid-May 2017, please check with us to make sure we've got your correct address.

Applicant's Email Address (required): \_\_\_\_\_

Email Address of Guardian(s) (required): \_\_\_\_\_

Contact in case of emergency: \_\_\_\_\_

(Name)

(Phone)

(Address)

(Relationship)

Can your family provide regular transportation to and from the Nature Center?  Yes  No

Do you suffer from allergic reactions?  Yes  No If so, to what: \_\_\_\_\_

List any medication(s) you are currently taking: \_\_\_\_\_

Do you have any special needs or dietary restrictions? \_\_\_\_ If so, please list so we may assist you:

\_\_\_\_\_

**Personal Information**

How did you hear about the Young Naturalist Program? \_\_\_\_\_

\_\_\_\_\_

Have you ever volunteered anywhere before? Tell us about it. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Young Naturalists often meet and greet visitors. Would you feel comfortable speaking in front of a group of people of various ages? Tell us about any experiences you have had speaking to groups.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your favorite subject in school and why? \_\_\_\_\_

\_\_\_\_\_

What is your least favorite subject in school and why? \_\_\_\_\_

\_\_\_\_\_

What do you do besides go to school – clubs, sports, scouts, etc.? \_\_\_\_\_

\_\_\_\_\_

Of what accomplishments are you most proud? Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are three words that describe you? \_\_\_\_\_

If you were an animal, what would it be and why? \_\_\_\_\_

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

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

**Availability & Scheduling Preferences**

The Young Naturalist Program will run from **June 17 through August 18, 2017**. You will need to provide a minimum 28 hours of service in order to successfully complete the program.

Please check **all of the times you are usually available for a volunteer assignment**. Mornings refers to the shift from 9:45 am to 1:15 pm and Afternoons from 1:00 pm to 4:30 pm.

- Please check **at least** one weekend shift.
- You will be assigned a specific team to work with throughout the summer. For instance, you may be placed on the Wednesday AM Team.
- If during a given week you have a family vacation, band camp, etc you will be able to switch with another participant. (This will all be explained in greater detail later)

So only **check off all shifts** that **you will be able to attend** regularly.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Mornings						
<input type="checkbox"/> Afternoons						

I would like to work with \_\_\_\_\_ because  we plan to carpool.  
 we are friends.

New participants accepted to the Young Naturalist Program are required to attend a mandatory orientation session. Orientation sessions for new Young Naturalists will be held:

- Saturday, June 10 from 10:00 AM – 4:00 PM
- Wednesday, June 14 from 10:00 AM – 4:00 PM

Which orientation session are you available to attend?  6/10  6/14  I am available either day

Please place my email on the “sub list” so I might be able to substitute for sick participants on short notice.  Yes  No

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Attach to this application, two letters of recommendation – one from a teacher and one from an adult who has known you for at least two years. Neither one may be written by a relative. Home-schooled applicants may substitute a teacher-written letter with one from a community member.

**It is your responsibility to tell the author that each letter of recommendation must include:**

- 1) The author’s name, signature, daytime phone number and the date written
- 2) The author’s relation to you
- 3) How long the author has known you
- 4) The author’s account of instances that have shown your ability to:
  - a. Follow through with commitments
  - b. Take initiative
  - c. Make responsible decisions
  - d. Act as a representative of a community facility committed to providing safety and enjoyment for visitors of all ages and quality care for animals

\*\*\*\*\*

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 (*four application pages, current photograph, letters of recommendation, and permission sheet*) no later than 4:30 pm on **May 1, 2017** to:

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

Alternatively, you can scan it and email it to [lpyle@ashevillenc.gov](mailto:lpyle@ashevillenc.gov) or fax it to 828-298-2644 (please be sure to note “Attention: Lauren Pyle” on the cover sheet).

# Permission, Liability Release, and Indemnification Agreement

1. I, the undersigned, am a natural parent or legal guardian of (name of dependent) \_\_\_\_\_ (hereby referred to as the "child"), and declare that I am of sound mind. I understand the nature of the Young Naturalist Program (hereby referred to as the "Program") and the activities involved and hereby grant permission for my child to voluntarily participate in the Program at the Western North Carolina Nature Center (hereby referred to as the "Nature Center"). I understand that my child will receive training to participate in the Program and will be required to agree that he/she completely understands and will abide by the duties, rules and procedures of the Program set out in the Program Manual, which my child and I will receive. I understand that my child will not always be under direct staff supervision while participating in the Program. I consent to this and the following: My child will not be supervised once his/her volunteer shift ends each time he/she participates in the Program. I understand that my child, 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 my child is volunteering. To insure the safety of my child before and after his/her shifts, I agree to arrange to have my child dropped off immediately before his/her volunteer shifts begin and picked up directly after his/her shifts end.

2. I, for myself and my child, do hereby agree to indemnify and hold harmless the Western North Carolina Nature Center, its employees, officers, agents and representatives from any liability whatsoever resulting from my child's actions, activity, or injury while involved in the Program and while on the Nature Center grounds before and after his/her involvement in the Program (except for activity that involves negligence or intentional and malicious actions on the part of the Nature Center staff).

3. I expressly agree that this Permission, Liability Release, and Indemnification Agreement shall be interpreted as releasing the City of Asheville and the Western North Carolina Nature Center, its employees, officers, agents and representatives, from all liability and claims to the fullest extent allowed by law in the state of North Carolina.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## PHOTO / MEDIA RELEASE for WNC Nature Center

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: \_\_\_\_\_