



Western North Carolina Nature Center Senior Project Application

Dear Senior,

We appreciate your interest in working at the WNC Nature Center for your Senior Project. We need details as to the goals and objectives for your project, so we now ask that you complete the following 4 pages and return them all to our facility as soon as you can.

Students asking to do Senior Projects 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 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 Senior Project.
2. **Objectives:** The project must have a direct correlation to environmental education, wildlife management, rehabilitation, or animal welfare. No general community service work is available for Senior Projects.
3. **Selection:** Senior 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 time-line, start/stop dates, interviews, etc. Students must be available to work Saturday and/or Sunday (only 2 Saturdays and 2 Sundays will be designated as Sr. 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 Project!



**Western North Carolina Nature Center
Senior 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 very little man power 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!
Return information to: WNC Nature Center, Atten: Keith Mastin, 75 Gashes Creek Road,
Asheville, NC 28805 Phone: (828)259-8082



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

Name (print) _____

Contact information: phone _____ email _____

Emergency Contact information: _____

Date 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 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 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.

In addition, I give my permission for the use 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: _____

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

Please print name of parent or guardian signing: _____

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