



**Western North Carolina Nature Center  
2015/2016 Internship Application (Ages 18 and older)**

Name: \_\_\_\_\_ Circle one: Mr./Mrs./Ms.

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 Name of School: \_\_\_\_\_ Number of hours needed: \_\_\_\_\_

Are you able to commit *at least* 20 hours per week during the internship period? Yes No  
Day(s) available to volunteer: \_\_\_\_\_ Available times: \_\_\_\_\_

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**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    Title of Degree: \_\_\_\_\_

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

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

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**Interest and Experience:**

Which department(s) are you wishing to intern with:

- Animal Department: Nature Lab AND Small Mammal
- Animal Department: Predator/Bear
- Animal Department: Wildlife Rehabilitation
- Animal Department: Barn
- Education Department

1. Have you ever worked with domestic animals or wildlife before? What capacity?

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2. Please describe your experiences involving working with kids or the public, both formally and informally.

3. What skills, knowledge and experience do you hope to gain as a professional in this industry?

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:

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In case of an emergency, whom should we contact? \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: Work- \_\_\_\_\_ Home- \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Home- \_\_\_\_\_

Are you allergic to animal products (fur, feathers, scales, stings, etc.)? YES / NO

If yes, please describe severity. \_\_\_\_\_

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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.)? \_\_\_\_\_

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Check list of things to send along with application:

1. Resume
2. Letter of intent/interest
3. Completed WNC Nature Center Volunteer Waiver, City of Asheville Waiver/Release, and Pre-Employment Authorization Form

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

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

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

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**For Animal Department Internships:**

Submit all application materials to Savannah Trantham by mail or by email at [strantham@ashevillenc.gov](mailto:strantham@ashevillenc.gov)

**For Education or Exhibits Internships:**

Submit all application materials to Keith Mastin by mail or email: [kmastin@ashevillenc.gov](mailto:kmastin@ashevillenc.gov)

*Mailing Address:*

WNC Nature Center  
Attn: [insert contact name here]  
75 Gashes Creek Road  
Asheville, NC 28805

*Fax Number:* 828-298-2644

Thank you for your interest in the WNC Nature Center's Volunteer 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  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.



**City of Asheville  
Volunteer Waiver and Release**

**Name** \_\_\_\_\_

**Contact information: phone** \_\_\_\_\_ **email** \_\_\_\_\_

**Emergency Contact information:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_

**Scope of Services:** \_\_\_\_\_

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 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

**Applicant Background Check Authorization Form**

I authorize the City of Asheville to perform a Police and Records Check of my background (and a Credit Check if necessary).

Full Name: First  Middle  Last

Position Title:  Department:

Date of Birth:  Social Security Number:

Driver's License Number:  Driver's License State:

Please list every county and state you've lived in the past seven years:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Have you ever been convicted of an offense against the law other than a minor traffic violation? Failure to report a conviction will exclude you from consideration. Please do not disclose any conviction that has been expunged from your record.  Yes  No

If you answered "yes" to the above conviction question please explain the nature of the conviction and the date. Please include if the conviction was a felony or a misdemeanor. It is important to disclose all convictions that have not been expunged from your record. Failure to report a conviction will exclude you from consideration.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

\_\_\_\_\_

Signature

Date

Do not write below this line; HR use only

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