

Western North Carolina Nature Center  
Volunteer Application

Name: \_\_\_\_\_ Circle one: Mr./Mrs./Ms.  
Address: \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Telephone (W): \_\_\_\_\_ (H): \_\_\_\_\_  
Email: \_\_\_\_\_

Department of Interest: which department(s) would you be interested in working with?  
Animal Husbandry – Domestic Animals      Exhibits & Displays      Education  
Animal Husbandry – Wildlife                      Special Events                      Gift Shop

**Please give a brief description for each of the categories below.**

Educational Background:

HighSchool: \_\_\_\_\_

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

Other: \_\_\_\_\_

Volunteer Experience:

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

Public Speaking Experience:

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

Relevant Work Experience:

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

Have you worked with children? What capacity? \_\_\_\_\_

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

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

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

How can the WNC Nature Center help you obtain your personal goals through our Volunteer Program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important Notice:**

Do you allow the WNC Nature Center to perform a Limited Criminal Background Check on you? WNC Nature Center is a county facility and will have the background check performed through our downtown office. If you decide you do not want us to perform this check, we will be unable to facilitate any form of volunteer positions for you at the center. We would be happy to assist you in finding another facility that may be able to offer you volunteer status.

If yes, please sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Which days of the week would you most likely be able to volunteer? S M T W TR F S  
\_\_\_\_\_  
\_\_\_\_\_

What hours would you be able to volunteer your time? \_\_\_\_\_

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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you carry an "Epi-pen" with you at all times? YES / No  
Do you wish to tell us of any medications you may need in an emergency situation (candy, insulin, nitroglycerin, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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