



ABC of NC **Internship Application**

FOR OFFICE USE ONLY

- ___ Completed Application (Date Rcvd: _____)
- ___ Availability Survey
- ___ Emergency Information & Treatment Release
- ___ Orientation (Date Attended: _____)
- ___ BBP Training (Date Attended: _____)
- ___ Photo
- ___ College/University Paperwork

1. Contact Information

(Last Name) (First Name) (Middle Initial) DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Preferred Phone: _____ MOBILE HOME WORK

Student: Y N

College/University Name: _____

Class/Course of Study: _____

Internship Supervisor: _____ Email: _____

Number of Hours to be Completed: _____ Start Date: _____ End Date: _____

Internship Requirements beyond number of hours to be completed (e.g. weekly journal entries/logs, etc.):

2. Confidentiality/HIPPA Compliance

All client information should be kept confidential. An intern will not divulge child names, specific conditions, or anything that would reveal a child's identity with anyone outside of ABC Child Development Center unless officially authorized to do so, in writing, by the child's parent/legal guardian.

I, the undersigned, understand the confidentiality policy of ABC of NC Child Development Center. I agree to follow this policy and keep all client information and client records confidential. I understand that if I improperly disclose or release information, I will be subject to legal action.

Intern Signature

Date

3. Information and Image Release

Yes, I would like OR **No**, I would not like
...to share my contact information with other interns for the purposes of notifying interns of schedule changes, coordinating carpools/transportation sharing, etc.

Yes, I would like OR **No**, I would not like
...to share my contact information with the parents/legal guardians of ABC of NC clients for the purposes of providing childcare/babysitting services outside of my internship obligations and/or responsibilities.

Yes **No** ABC of NC can/cannot use photos or videos of me.
(These images will be the property of ABC of NC Child Development Center)

4. Background Information Disclosure *(Please complete if you are 18 years old or older)*

Full Name: _____

DOB: ____ / ____ / _____ Gender: M F SS# _____ / _____ / _____

Permanent Mailing Address: _____

Have you lived in NC for the last five years? Yes No
If no, please provide previous address (es):

I have never been convicted of any unlawful offense other than a minor traffic violation.

OR

I have been convicted of the following criminal offenses (please describe including date and sentence):

- I hereby confirm that I have not been convicted of any additional unlawful offense other than the offense(s) listed above.
- I hereby give permission for ABC of NC staff to use the above information for the purposes of background, sex offender, and nurse registry checks.

Intern Signature

Date

5. Briefly describe why you are interested in this Internship and what you hope to gain from your experience:

6. Agreement and Signature:

- I understand that, in submitting this application, it will be reviewed by ABC of NC staff and I may be selected to come in for an interview and subsequent training.
- I understand that, as standard procedure, criminal background checks may be performed on applicants.
- I understand that if the information I have provided proves to be false or misleading I could be disqualified/dismissed and that the statements given on this application are true and accurate to the best of my knowledge. I further understand that ABC of NC reserves the right to re-assign or dismiss me at their discretion.
- I understand that I am agreeing to abide by the all the policies and procedures outlined in the "Policies & Procedures" manual.
- I agree to abide by my commitment to keep all client and staff information strictly confidential.

Intern Signature

Date

Guardian Approval Signature *(required if volunteer/intern is under 18 years of age)*

Date

*****Please attach a print copy or email updated resume to: Kristin.Wilson@acbofnc.org*****

*Thank you for your commitment to ABC of NC Child Development Center.
We look forward to working with you as we partner to provide quality diagnostic, therapeutic and educational services to children with autism spectrum disorders and their families.*

Please return this application to:
Kristin Wilson, Volunteer/Internship Coordinator
3904 Old Vineyard Road
Winston-Salem, NC 27104
(Direct) (336) 251-1180 x116 • (Fax) (336) 251-1181
kristin.wilson@acbofnc.org