



# ABC of NC Volunteer Application

## 1. Contact Information

\_\_\_\_\_  
(Last Name) (First Name) (Middle Initial) DOB: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Employer: \_\_\_\_\_ Student:  Y  N School Name: \_\_\_\_\_

## 2. Position Interests (Please select all areas you are interested in volunteering)

\_\_\_\_ Front Desk      \_\_\_\_ Facility Support (maintenance/landscaping)  
\_\_\_\_ Classroom      \_\_\_\_ Special Events

Please list any special talents or skills you have that you feel would benefit our organization?

Any physical limitation or health conditions we should be aware of?

## 3. Availability (please check all appropriate boxes below)

	8:45-9:45	9:45-10:45	10:45-11:45	11:45-12:45	12:45-1:45	1:45-2:45
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

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

**4. Information and Image Release**

**Yes**, I would like to share my information below with other volunteers for the purposes of:

- Receiving updates about volunteer opportunities.
- Switching shifts with other volunteers.
- Notifying volunteers of schedule changes.

**No**, I would not like to share my information with other volunteers.

**Yes**  **No** ABC of NC can use photos or videos of me.  
*(These images will be the property of ABC of NC Child Development Center)*

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

Full Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_                      SS# \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender:  M  F

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.

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

**6. 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.

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

**7. 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.

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Guardian Approval Signature** *(required if volunteer is 17yo or younger)*

\_\_\_\_\_  
**Date**

*Thank you for your commitment to ABC of NC.*

*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*  
905 Friedberg Church Road  
Winston-Salem, NC 27127  
(Direct) (336) 251-1180 x116 • (Fax) (336) 251-1181  
[kristin.wilson@abcofnc.org](mailto:kristin.wilson@abcofnc.org)