



ABC of NC Short-Term Visitor Application

1. Contact Information

(Last Name) (First Name) (Middle Initial)

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone: (H) _____ (W) _____ (M) _____

Employer: _____ Student: Y N School Name: _____

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?

2. Availability

I am applying to (check one): Volunteer with ABC of NC on multiple occasions
 Shadow ABC of NC clients and/or technicians on a single occasion

Please indicate when you would like to volunteer with us or shadow clients with us. List all dates and times, including your preferred start/end dates.

3. Information and Image Release

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.)

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

Full Name: _____

DOB: ____ / ____ / ____ Gender: M F SS # ____ - ____ - ____
(You may also call our office and provide this information over the phone.)

Permanent Mailing Address: _____

Have you lived in NC for the last seven years? Yes No
If no, please provide previous address(es) and dates of residence:

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 list 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/Visitor Signature

Date

5. Confidentiality/HIPAA Compliance

All client information must be kept confidential. Visitors and volunteers should 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/Visitor Signature

Date

Guardian Approval Signature *(required if volunteer is 17 years of age or younger)*

Date

Please return this application via email to:
Anna Rainey, Engagement Coordinator
anna.rainey@abcofnc.org