



# ABC of NC Volunteer 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: \_\_\_\_\_

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

- Front Desk
- Facility Support (maintenance/landscaping)
- Classroom
- Special Events/Projects

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 mark all times you are available; If you are available for a partial hour, indicate the exact time you are available in the appropriate box.)

	8–9 a.m.	9–10 a.m.	10–11 a.m.	11 a.m.–noon	Noon–1 p.m.	1–2 p.m.	2–3 p.m.	3–4 p.m.	4–5 p.m.
Mon.									
Tues.									
Wed.									
Thurs.									
Fri.									

Requested 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 # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

*(You may also call our office and provide this information over the phone.)*

Gender:  M  F

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 Signature**

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

## 6. Confidentiality/HIPAA Compliance

All client information should be kept confidential. 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. 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. Statement of Understanding:

- 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. I certify 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 with or without cause or notice.
- I understand that I am agreeing to abide by all the policies and procedures given to me by ABC of NC.
- I agree to abide by my commitment to keep all client information strictly confidential.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

***\*\*Please include a copy of your resume with this application.\*\****

*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 disorder and their families.*

**Please return this application to:**  
Anna Rainey, Engagement Coordinator  
905 Friedberg Church Road  
Winston-Salem, NC 27127  
Direct: (336) 251-1180, ext. 134 • Fax: (336) 251-1181  
[anna.rainey@abcofnc.org](mailto:anna.rainey@abcofnc.org)