



# 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:**  
Katherine Brinkley, Assistant Director of  
Marketing and Community Engagement  
[katherine.brinkley@abcofnc.org](mailto:katherine.brinkley@abcofnc.org)