



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 Applicant 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

Full Name: _____

DOB: ____ / ____ / ____ Gender: ☐ M ☐ F ☐ NB/ Transgender ☐ Prefer not to answer

Ethnicity: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander ☐ White

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.

☐ 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 Applicant Signature

Date

5. Briefly describe a) Why you are interested in an Internship with ABC of NC; b) What you hope to gain from your experience; and c) which department(s) or types of roles you are most interested in supporting:

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 Applicant Signature

Date

Please return this application and an updated resume to:

Kimberly McFadyen,
905 Friedberg Church Rd,
Winston-Salem, NC 27127614-949-9753
Kimberly.McFadyen@abcofnc.org