



# ABC of NC Volunteer 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

DOB: \_\_\_\_\_

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

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:** \_\_\_\_\_

Volunteer 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. A volunteer 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.

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**Volunteer 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):

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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):

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- 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

**5. Briefly describe why you are interested in this volunteer opportunity and what you hope to gain from your experience:**

**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.

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**Volunteer Signature**

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**Date**

**Please return this application to:**  
*Erin Richardson,*  
905 Friedberg Church Rd,  
Winston-Salem, NC 27127  
[Erin.Richardson@abcofnc.org](mailto:Erin.Richardson@abcofnc.org)