

## Volunteer/Internship Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Hours required to complete (if applicable): \_\_\_\_\_ School (if applicable): \_\_\_\_\_

Days/Hours Available: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_

Mark one of the below activities you are interested in interning/volunteering with:

- |   |  |
|---|--|
| <input type="checkbox"/> Direct care of children – 8 week commitment (could include admin projects to benefit children)<br><input type="checkbox"/> Administrative (Organizing, mailings, projects) | <input type="checkbox"/> Marketing/Communications/PR<br><input type="checkbox"/> Fundraising/Special Events<br><input type="checkbox"/> Board of Directors |
|---|--|

Do you agree to a back ground check? (Circle)                      Yes      No

Why would you like to intern/volunteer at the ND Autism Center?

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Summarize your previous volunteer experience.

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Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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How did you hear about interning/volunteering at the ND Autism Center? \_\_\_\_\_

Reference Name & Phone:    1. \_\_\_\_\_ 2. \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ND Autism Center Confidentiality Agreement

Information gained in the process of performing work for the ND Autism Center and its clients shall be considered confidential information. Conversation concerning confidential information for non-job related purposes is unacceptable and not consistent with the mission of the ND Autism Center. If employees, volunteers or independent contractors are asked for confidential information, they shall direct inquiry to their supervisor. The ND Autism Center confidential information includes, but not limited to: all client information, names, data, files, etc.; The ND Autism Center procedures and practices; internal operating procedures; internal studies, reports and data; and any other information that is not generally known or available to the public.

Information about the ND Autism Center clients and their affairs is to be confined to the staff working directly with them. Given the sensitive and highly personal nature of much of the client related work performed at the ND Autism Center, it is required that all employees/volunteers/independent contractors having access to client information shall consistently and uniformly maintain the privacy of confidentiality of this information. Under no circumstances, in the business, medical affairs or identity of clients of the ND Autism Center to be discussed with any outside party without the written permission of the client or by order of the court.

Employees, interns, volunteers or independent contractors who betray confidence not only do an injustice to others, but they impair public relations and invite legal action. Any employee, volunteer or independent contractor who is unclear about what information is considered confidential should consult with their direct supervisor. Violation of this ethical and legal obligation of confidentiality may constitute grounds for immediate dismissal.

By my initials and signature below, I hereby acknowledge and agree I will not disclose or otherwise make available, during my employment/interning/volunteering/contracting or anytime thereafter, ND Autism Center confidential information. I hereby further agree and understand that the ND Autism Center shall be entitled in addition to any other remedies, to preliminary and permanent injunctive relief to prevent a breach or contemplated breach of this Confidentiality Agreement without the necessity of providing actual damages. I further agree and understand that the ND Autism Center shall be entitled to recover from me its costs and reasonable attorney fees incurred by the ND Autism Center in seeking enforcement of this Confidentiality Agreement.

Initial Here

As a ND Autism Center intern/volunteer, I have read and understand the items outline in the Confidentiality Agreement. Violation of this ethical and legal obligation of confidentiality may constitute grounds for dismissal from my volunteer position.

*For purposes of this agreement the term intern/volunteer shall include all individuals providing services to the ND Autism Center without receiving payment, or stipend, including but not limited to the ND Autism Center Board of Directors, interns and work-study students. For purposes of this agreement the term client shall include, but is not limited to, program participants, employees, donors, volunteers and independent contractors. For purpose of this agreement the terms ND Autism Center shall be all-encompassing of the organization as a whole, including all programs and services.*

\_\_\_\_\_  
Print Name of Intern/Volunteer

\_\_\_\_\_  
Signature of Intern/Volunteer

\_\_\_\_\_  
Date

If applicable:

If the subject is a minor under the laws of the state parental/guardian signature is required:

\_\_\_\_\_  
Print Name of Legal Guardian

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

# ND Autism Center Photo/Video Release

Intern/Volunteer Name: \_\_\_\_\_ Project Title: Intern/Volunteer

I hereby consent to the use of all videotapes, photographs, recordings taken of me and/or of my voice and/or written extraction of such recordings or musical performance by the ND Autism Center. I authorize the use for all purposes including but not limited illustration, advertising, publication, broadcast, or distribution in any manner, without limitation to amount or length of time, in any or all media, traditional or non-traditional. Photo/Video consent can be terminated by a written letter.

\_\_\_\_\_  
Print Name of Intern/Volunteer      Signature of Intern/Volunteer      Date

If applicable:

If the subject is a minor under the laws of the state parental/guardian signature is required:

\_\_\_\_\_  
Print Name of Legal Guardian      Signature of Legal Guardian      Date

*Completed form should be sent to NDAC, 647 13<sup>th</sup> Ave E Suite A West Fargo ND 58078 or faxed to 701-277-8847 or emailed to [dkasprowicz@ndautismcenter.org](mailto:dkasprowicz@ndautismcenter.org)*