



Application to host an activity or event

Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____

Event or Activity you wish to host: _____

Event Location: NDAC ____ Other: _____

Availability (Please List the times you are available for each day of the week to host):

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Why would you like to host an event or activity with the NDAC Enrichment Center?

Please list any previous experience hosting an event or activity

How did you hear about hosting an event or activity with the NDAC Enrichment Center?

Please provide 2 Professional References

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

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: _____



NDAC Enrichment Center Confidentiality Agreement

Information gained in the process of hosting an activity or event for the North Dakota Autism Center (NDAC) and its participants shall be considered confidential information. Conversation concerning confidential information for non-event related purposes is unacceptable and not consistent with the mission of the NDAC. If hosts are asked for confidential information, they shall direct inquiry to the NDAC Enrichment Center Coordinator. Confidential information includes, but is not limited to: all participant information, names, data, files, etc.; The NDAC 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 NDAC participants 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 work performed at the NDAC, it is required that all hosts having access to participant information shall consistently and uniformly maintain the privacy of confidentiality of this information. Under no circumstances, is the business, medical affairs, or identity of participants of the NDAC to be discussed with any outside party without the written permission of the participant or by order of the court.

Hosts who betray confidence not only do an injustice to others, but they impair public relations and invite legal action. Any host who is unclear about what information is considered confidential should consult with NDAC Enrichment Center Coordinator. 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 time hosting or anytime thereafter, NDAC confidential information. I hereby further agree and understand that the NDAC 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 NDAC shall be entitled to recover from me its costs and reasonable attorney fees incurred by the NDAC in seeking enforcement of this Confidentiality Agreement.

As an NDAC Enrichment Center activity or event host, I have read and understand the items outlined in the Confidentiality Agreement. Violation of this ethical and legal obligation of confidentiality may constitute grounds for dismissal from my host position.

For purposes of this agreement the term host shall include all individuals providing services to the NDAC without receiving payment, or stipend. For purposes of this agreement the term participant shall include, but is not limited to, activity or event participants and their caregivers. For purpose of this agreement the terms North Dakota Autism Center or NDAC shall be all-encompassing of the organization as a whole, including all programs and services.

Print: _____

Signature: _____ Date: _____



ND Autism Center Photo/Video Release

Host/Hostess Name(s): _____

Event/Activity Title: _____

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: _____

Signature: _____ Date: _____

Completed form should be sent to the NDAC Enrichment Center Coordinator by one of the following:

Mail: 647 13th Ave E Suite A. West Fargo, ND 58078

Fax: 701-277-8847

Email: hschultz@ndautismcenter.org