



# Volunteer/Intern/Practicum Student Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Are you applying as a volunteer, intern or practicum student? \_\_\_\_\_

## THIS SECTION FOR STUDENTS ONLY:

Which school do you attend and for which degree do you need hours? \_\_\_\_\_

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What is your requested start date? \_\_\_\_\_ Approximate end date? \_\_\_\_\_ Hours needed? \_\_\_\_\_

Have you spoken with a StarCare staff member regarding supervision? If so, who? \_\_\_\_\_

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How did you hear about our program? \_\_\_\_\_

Do you know which StarCare program or location you are interested in? \_\_\_\_\_

Have you spoken with StarCare staff member regarding supervision? If so, who? \_\_\_\_\_

Local Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Permanent Address (if different from local address):  
\_\_\_\_\_  
(Street) (City) (Zip Code)

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

In case of sudden illness or emergency notify:  
\_\_\_\_\_  
(Name) (Relationship) (Cell Number)

### VOLUNTEER CONFIDENTIALITY AGREEMENT

I affirm the information I have provided is true and correct to the best of my knowledge. I agree to conform to StarCare Specialty Health System's rules and regulations. I also agree to respect the confidential nature of consumer/patient/participant information as well as information obtained as a result of personal contact. I understand that criminal history and registry checks will be conducted before my volunteer placement begins. I further agree to inform the company if I am named in complaints, indictments or convicted of these offenses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date ( Rev 10.18.19)