



Volunteer/Student Application

Name: _____ Date: _____

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

THIS SECTION FOR STUDENTS:

Which school do you attend and for which degree/program do you need hours? _____

Does your on-site supervisor need to be licensed? If so, what type? _____

Requested start date? _____ Approximate end date? _____ Hours needed? _____

How did you hear about our program? _____

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

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

Local Address: _____

Permanent Address (if different from local address):

Cell Number: _____ Email Address: _____

In case of sudden illness or emergency notify:

(Name) (Relationship) (Cell Number)

VOLUNTEER VACCINE REQUIREMENTS

(Only applicable to volunteers who will physically be present at our Sunrise Canyon Hospital, Silver Star and ICF facilities.)

Per the Centers for Medicare and Medicaid Service's Emergency Regulation requiring COVID-19 vaccinations for health care workers, StarCare is requiring proof of COVID-19 vaccination or an approved medical or religious exemption for volunteers at Sunrise Canyon Hospital, Silver Star Health Network and any of the ICF facilities. If the volunteer opts to receive the vaccine, proof of the first dose must be submitted before the volunteer can begin hours. Proof of the second dose must be submitted before one month's time since the volunteer began with StarCare.

If the volunteer is requesting an exemption, a completed and signed copy of the Medical or Religious Exemption Forms found at <https://www.starcarelubbock.org/doing-business-with-starcare/contract-opportunities/> must be submitted before the volunteer can begin hours.

The following link must be used to upload proof of vaccination or the completed exemption forms:
<https://app.smartsheet.com/b/form/2bc8bc1e5e0b477ab38c1e881adb6c38>

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 the StarCare Specialty Health System (StarCare) 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 StarCare if I am named in complaints or indictments or convicted of these offenses.

Signature

Date