



Volunteer/Student Application

Name: _____ Date: _____

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

THIS SECTION FOR STUDENTS:

<p>Which school do you attend and for which degree/program do you need hours? _____</p> <p>_____</p> <p>Does your on-site supervisor need to be licensed? If so, what type? _____</p> <p>Requested start date? _____ Approximate end date? _____ Hours needed? _____</p>
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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 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 CONFIDENTIALITY AGREEMENT

I affirm that the information that I have provided is true and correct to the best of my knowledge. I agree to conform to the StarCare Specialty Health System 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 Center if I am named in complaints or indictments or convicted of these offenses.

Signature _____

Date _____