

**StarCare Specialty Health System  
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 which program do you need hours for? \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

Cell Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

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

In case of sudden illness or emergency notify:

\_\_\_\_\_  
(Name) (Relationship) (Cell Number)

**VOLUNTEER 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