

St. Clair County Community Mental Health Authority

Student/Volunteer Data Sheet

Name:

Address:

Phone Number: _____

Social Security Number: _____

Type of Placement: ☐ Student ☐ Volunteer

College:

Placement Advisor:

Discipline:

SCCCMH Placement Site:

SCCCMH Field Instructor:

Placement Begins: _____

Placement Ends: _____

Emergency Contact

Name: _____

Phone Number: _____