St. Clair County Community Mental Health Authority

Student/Volunteer Data Sheet

Name:		Emergency Contact
Address:		Name:
		Phone Number:
Phone Number:		
Social Security Number:		
Type of Placement: ☐ Student	☐ Volunte	eer
College:		Placement Advisor:
Discipline:		
SCCCMH Placement Site:		SCCCMH Field Instructor:
Placement Begins:		
Placement Ends:		

Human Resources Form: #06-0820 Reviewed Date: 7/1/2023

Policy Ref: #06-001-0110, #06-002-0030