| F:\CCHC\New folder\cchc-logo-actual.gifHealthcare Related Student application 1789 Elm Street Suite A Dubuque, Iowa 52001We’re excited to have you join us! Please complete this form and sign below.Contact **Becky** for any questions regarding student opportunities at **(563) 690-2858 or rwunderlin@crescentchc.org.** |
| --- |
| Applicant Information |
| Name: |
| Phone: | Alternate Phone: |
| Email address: |
| Current address: |
| City: | State: | ZIP Code: |
| Mailing address (if different than your current address): |
| City: | State: | ZIP Code: |
| List the language(s) you speak, read and/or write: |
| Emergency contact (name and number): |
| Health restrictions (please list i.e., asthma, bad back…): |
| Do you have a valid I.D? Yes No | Do you have reliable transportation? Yes No |
| SCHOOL Informaiton |
| Name of school you currently are attending: |
| Anticipated graduation date: | Semesters completed: |
| Address: | How long?: |
| Phone: | City: | State: |
| ZIP Code: | Clinical Instructor: |
| Previous Clinical Rotations/Internships |
| Organization/Preceptor: | Position/Major responsibility: | Dates of rotation (month/year)From: To: |
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|  |  |  |
|  |  |  |
|  |  |  |
| REFERENCES |
| Please provide a name, number and email address for each: |
| Availability |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| From: |  |  |  |  |  |  |
| To: |  |  |  |  |  |  |
| How many hours do you need to fulfill this rotation? (please circle) 1-5 6-10 11-15 16-20 |
| list skills, interests, and training |
| Skills: |
| Interests: |
| Training: |
| To place you in the most rewarding student experience, indicate the areas listed that you would be interested in (Check all that apply):* Family Medicine
* Community Health
* Women’s Health
* Pediatrics
* Geriatrics
* Other (please explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| What is your primary reason you want to be a student at Crescent Community Health Center? |
| Please provide us with any additional information about yourself you feel would be relevant to your selection: |
| How did you find out about our student opportunities? |
| I understand the information that I have provided will be kept confidential and available only to the Directors of the project that I am volunteering for and those designated by them for the selection and training of volunteers. This information was requested in order to determine your experience, availability, motivation and needs for volunteering. I agree to sign a strict **confidentiality statement** and abide by it when participating as a Crescent Community Health Center Volunteer.I agree to do my best to be a good representative of Crescent Community Health Center. |
| By signing below, I understand the above information and I certify that this application is true and complete to the best of my knowledge.Signature: Date: |