

**SACRAMENTO COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL VOLUNTEER / STUDENT INTERN APPLICATION & CONTRACT FORM**

Please complete this information sheet if you will be performing a short-term internship or rotation with the Department. Students without a license are required to submit criminal background check and are prohibited from direct contact with Department clients unless supervised by trained Department staff. If you will be interning with the Department on an on-going basis, please contact our office at the phone number listed below.

Name:		Date:
Home Address:		
City, State, Zip:		E-mail Address:
Home Phone:	Work Phone:	Cell Phone:
Social Security Number: <i>(Please note your SSN is needed for identification purposes and will be kept confidential and used only by the Office of Volunteer/Student Intern Services.)</i>		
Medical License Number (if applicable):		

College or University Attend and Program:		Anticipated Graduation Date
Level In School (circle):	Comm. College Bachelors Masters Ph.D. Other: _____	
Name of Faculty Contact/Liaison:		
Phone:		
Current Employment information (if applicable) :		
Company Name:		Job Title:

In Case of Emergency, Please Notify:

Name & relationship:	Phone Number(s):

Duties To Be Performed By The Medical Volunteer / Student Intern:

Volunteer/Internship or Rotation Start Date:	End Date:	Weekly Rotation/Practice Hours:

Convictions: Conviction of a crime does not necessarily bar approval for an internship. Each case is considered on an individual basis with consideration to the student intern assignment. Have you ever been convicted by any court of an offense? (Omit: Minor traffic violations; Any offense committed prior to your 18 th birthday adjudicated in a Juvenile Court of under a youth offender law; Any incident sealed under W&I Code 781 or Penal Code 1203.45)	
(Circle One)	Yes NO
If you answered YES, please identify WHAT OFFENSE, WHEN, WHERE and DISPOSITION of the case:	

COUNTY MEDICAL VOLUNTEER/ INTERN SUPERVISOR INFORMATION:

Name:	
Title:	
Location (Clinic Name):	
Phone:	
Mail Code:	

<p>RESPONSIBILITIES OF SUPERVISOR:</p> <ol style="list-style-type: none"> 1. Provide adequate supervision, initial and on-going training, and evaluation. 2. Maintain personnel record (e.g. work evaluation, etc.). 3. Provide adequate work space. 4. Provide future work references and/or verification of work experience. 	<p>RESPONSIBILITIES OF MEDICAL VOLUNTEER / INTERN:</p> <ol style="list-style-type: none"> 1. Meet time commitment as listed above. 2. Perform duties as listed above. 3. Meet the minimum qualifications of the internship requirements. 4. Provide verification of student or licensing status.
---	---

As a volunteer / intern, I agree to perform the tasks outlined in the job description to the best of my ability; report to work on time, when scheduled; if unable to report, I will call my supervisor; to accept supervision; maintain confidentiality; observe the same rules and policies as paid staff; strive to help the County obtain its goals and objectives; and, give my supervisor adequate notice before terminating my assignment.

Volunteer/Intern Signature: My signature affirms that all information on this application is true to the best of my knowledge and belief.

MEDICAL VOLUNTEER/STUDENT INTERN SIGNATURE

DATE

COUNTY STAFF SUPERVISOR SIGNATURE

DATE

**RETURN THIS FORM WITH A COPY OF YOUR
STUDENT IDENTIFICATION CARD OR MEDICAL LICENSE TO:
 DHHS Volunteer/Student Intern Services Office at
 Inter-office Mail Code 37-1000A
 or
 Sacramento County - DHHS
 7001A East Parkway, Suite 1000
 Sacramento CA 95823**

***Thank You!** If you have any questions, please contact the Volunteer/Student Intern Coordinator at (916) 875-2027.*