



Volunteer/Internship/Preceptorship Application

Mail to: 145 South Street or Email to: blee@scchc.org
Boston, MA 02111

Name _____ Date _____
Last First Middle Initial

Address _____
Street City State Zip Code

Telephone (____) _____ Email _____

Position applied for (check one) Volunteer Internship Preceptorship

Please indicate the times you would prefer

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Highest completed level of education Some High School High School graduate or equivalent Some College Undergraduate

Please provide two references. Do not use friends or relatives.

Name

Name

Telephone

Telephone

Email

Email

How did you become aware of South Cove Community Health Center, Inc.?

Please provide a brief description of why you chose to apply at South Cove Community Health Center and what, if anything, that you hope to achieve during your time here.

Have you had any involvement (other than as a patient) with South Cove Community Health Center in the past?

Yes

No

If so, please provide the dates and descriptions of all previous instances.

Start and end dates	Type of service/involvement

Please list any skills that you feel might be helpful during your service with South Cove, including any languages other than English that you speak or are fluent in.

Is there anything else you would like us to know about you?

Please read the statement below carefully

By signing below, I certify that the information provided on this document is true and complete and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or my discharge if discovered after my service has begun. I authorize South Cove Community Health Center, Inc. (SCCHC) to make inquiries regarding my history and character or prior employers, schools, etc. and hereby release employers, schools and individuals from all liability in responding to such inquiries.

I understand that if I am a volunteer, I will be a volunteer/intern "at will" and may terminate my volunteer/internship assignment at any time with or without cause or notice and that SCCHC also has the same right. I understand that no representative of SCCHC, other than the Executive Director, has any authority to enter into any agreement for volunteer/internship services of any specified period of time and that such agreement must be in writing.

I agree to abide by SCCHC's policies, rules and procedures and any changes thereto.

Applicant's signature _____ Date _____

Applicant's printed name _____