BellVue Health PLLC

984-250-6460 | admin@bellvuehealth.com

EMPLOYMENT FORMS

Student Internship or Volunteer Application

Full name

Phone / email

City / county

Requested start date

Opportunity requested (choose one)

☐ Student internship ☐ Volunteer

Education and placement

School / program (if student)

Degree / course / field

School coordinator / contact

Required hours / placement dates

Availability: days / times

Interests and experience

Preferred role / program / learning goals

Relevant skills, experience, training, or certifications

Professional reference: name / relationship

Reference phone / email

I certify the information provided is accurate to the best of my knowledge. Submitting this form does not guarantee a placement. Placement terms, supervision, screening, privacy training, and school agreements will be completed separately before activities begin.

Applicant signature

Date (MM/DD/YYYY)

Do not include client information, Social Security numbers, or medical records.