

St. Clair County Community Mental Health  
**Student/Volunteer Data Sheet**

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Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Type of Placement:     Student             Volunteer

College:

\_\_\_\_\_

Placement Advisor:

\_\_\_\_\_

Discipline:

\_\_\_\_\_

SCCCMH Placement Site:

\_\_\_\_\_

SCCCMH Field Instructor:

\_\_\_\_\_

Placement Begins: \_\_\_\_\_

Placement Ends: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_