

St. Clair County Community Mental Health Authority

**Student/Volunteer  
Information/Authorization**

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1. Proper insurance coverage is needed for an automobile driven in the State of Michigan. I, as a student/volunteer have the responsibility to be sure that the automobile I may use for the program(s) has adequate insurance. No special additional insurance is required for my car, but I need to have the basic automobile coverage required for any vehicle.
2. As a student/volunteer, I will be expected to abide by the Community Mental Health policies, standards and rules, especially for confidentiality and recipient rights of individuals we serve. This information will be provided to me and described by the staff.
3. Whenever the public is served, the possibility for legal liability must be considered. Hopefully, this type of difficulty will never occur in this program(s). I will provide a copy of my Professional Liability Insurance coverage. In case it is needed, all the students/volunteers in the program(s) are covered under the Community Mental Health Professional Liability Coverage Insurance Policy. This does not cover personal injury, workers compensation, or other insurance.
4. I agree not to represent myself to persons receiving services, staff or public as a Community Mental Health staff, but to represent myself as a student or volunteer.
5. I agree to hold forth all ethical standards of my position with the Agency. I have read the above and understand the above provisions. I understand my responsibilities in these areas. I agree to maintain reliable transportation during this placement. I also give the program(s) authorization for a check of my driving record by the Michigan State Police driver records. I will sign the Authorization to Obtain Information and General Release (see policy #06-001-0015, Background Checks). (This authorization is valid only during the period I am a student/volunteer for the program(s).)
6. I understand that my placement within the Agency is on a "voluntary" basis. As such, the placement may be terminated by either the Agency or myself with or without cause. Such notification is effective upon mailing the written notice.
7. I understand that I may be required to attend training sessions as determined appropriate.

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Signature of Applicant

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Date

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Signature of Parent/Guardian (if Applicant is under the age of 18)

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Date