



## Stanislaus County Health Services Agency Application for Student Placement

Health Services Agency—Human Relations Division  
917 Oakdale Rd, Modesto, California 95355

Phone: (209) 558-7180 Fax: (209) 558-5026 E-mail: HSASStudent@schsa.org

STUDENT INFORMATION		
First Name:		Last Name:
Address:	City:	State, Zip Code:
Home Phone:	Cell Phone:	E-Mail Address:
Emergency Contact:		Phone:
AREA OF STUDY		AVAILABILITY FOR HOURS
<input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Physical Therapist Aide <input type="checkbox"/> Other not listed (specify below)	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	List specific times: <input type="checkbox"/> All day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
School/University Affiliation		Coordinator Contact Name
Program/Area Required for Hours		Duration of Placement
Department Contact		Date Submitted

### CONSENT TO PHOTOGRAPH AND/OR RECORD

I consent to the use of a photograph, likeness, voice or video recording of my image, for use by the Stanislaus County Health Services Agency. I understand that this photograph, likeness, voice or video recording is being considered for use in informational/promotional materials, including use and publication with my name, no name, or a fictitious name, and use in the form taken or with intentional or unintentional alterations. I understand that there is no compensation to me for use of this photograph, likeness, voice or video recording. I will be notified if my permission is needed for any use other than mentioned above.

### HOLD HARMLESS AGREEMENT

The undersigned shall hold the Health Services Agency of Stanislaus County, Stanislaus County, their agents, officers, employees, and volunteers, harmless from and save, defend and indemnify them against any and all claims, losses, liabilities and damages from every cause, including but not limited to injury to person or property or wrongful death, with the indemnity to include reasonable attorney's fees, and all costs and expenses, arising directly or indirectly out of any act or omission of the undersigned, whether or not the act or omission arises from the sole negligence or other liability of aforementioned Agencies, or its agents, employees, or volunteers relating to or during the performance of its obligations under this agreement.

**Must be 18 years of age or older for consideration of placement**  
**Questions: Please call Human Relations or your Department Contact**

NAME:	SIGNATURE:	DATE:
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