



CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

STUDENT INFORMATION FORM

You must be 18 years of age or older to volunteer/shadow at Cascade Medical

Are you over 18 years of age? Yes No

Date: _____

Name (Last) _____ (First) _____ (M) _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Phone: _____

Person to contact in case of Emergency: _____

Phone No.: _____ Relationship: _____

Program/Curriculum studying: _____

Internship for (please select one): Credit Observation/Shadow

Anticipated length of time at CM: _____

Signature