

STUDENT REFERRAL FORM

Shasta Community Health Center
1035 Placer Street, Redding

Personal Information

Name

Address

Telephone Cell

Telephone Work

Email Address

Emergency Contact

Primary

Name

Relationship

Contact Number

Secondary

Name

Relationship

Contact Number

Education (most recent)

Level

School Name

Period (Year)

Degree

From

To

Work Experience

Company / Location

Date (Year)

Position

Reason For Leaving

From

To

Name

Address

Name

Address

Area of Interest

- Mental Health Substance Use Counseling Case Management Social Work
 Peer Support Specialist Public Health Psychology Psychiatry Outreach

Internship Cohort

- Summer: June 27th – September 2nd (10 weeks) Fall: Sept 12th-December 16 2022 (14 weeks)
 Spring: Jan 23rd-May 11th (14 weeks) Summer: June 5th-August 25th (12 weeks)

Signature _____

Date _____