

# VOLUNTEER

# APPLICATION

## Volunteer Application Instructions

We are delighted you are interested in volunteering with Planned Parenthood Los Angeles. Our mission is to provide convenient, affordable access to a comprehensive range of quality reproductive health care and sexual health information, through patient services, education, and advocacy.

**To start volunteering with us**, please complete the following application fully and return it to Planned Parenthood Los Angeles. All information provided is kept confidential.

Return via regular mail to:

**Volunteer Department  
Planned Parenthood Los Angeles  
400 West 30th Street  
Los Angeles, CA 90007**

Or by fax to: **213-284-3350**

- Once it is reviewed, we will contact you with orientation dates.
- After you attend a mandatory New Volunteer Orientation and your references have been checked, you will then be an active Planned Parenthood Los Angeles volunteer.
- Certain volunteer positions require a background check and/or a health exam and/or interview.
- All Planned Parenthood Los Angeles volunteer applicants will be added to our Planned Parenthood Action Network and the Planned Parenthood Federation of America list, which give regular updates on reproductive rights via email.

**If you have any questions please call the Volunteer Office at 213-284-3200.**

## Contact Information

**Name** \_\_\_\_\_

**Email** \_\_\_\_\_

(We communicate primarily by email. Please list an email address that you frequently check.)

**Phone** \_\_\_\_\_

This is a  Cell  Home  Work  Other Phone

May we leave a message?  Yes  No

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Birthday** (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Are you over 18 years of age?**  Yes  No

(Applicants under 18 years of age need parental permission to volunteer with Planned Parenthood Los Angeles. Please see form on back.)

**Are you currently a student?**  Yes  No

**What school(s)?** \_\_\_\_\_

**Current Occupation** \_\_\_\_\_

**Current Employer** \_\_\_\_\_

### Current or Previous Volunteer Experience

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Where: \_\_\_\_\_

When: \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Where: \_\_\_\_\_

When: \_\_\_\_\_

**Do you speak any languages other than English?**

Yes  No Which? \_\_\_\_\_

**Skills:** Please indicate the skills that you can offer.

- Art/Graphic Design
- Writing
- Information Research
- Photography
- Administrative
- Microsoft Word
- Microsoft Excel
- Organizing/Lobbying/Political Work
- Spanish Speaker
- Other Language (*indicate*):
- Fundraising/Development (*explain*):

- Previous Planned Parenthood Volunteer or Employee? (*explain*):

- Other:

**Volunteer activities:** Please check all that interest you.

- Health Center Volunteer
- Patient Advocate
- High School Speakers Program
- Middle School Interns Program
- Parent/Adult Education & Training
- Planned Parenthood Los Angeles Guild
- Planned Parenthood Young Partners
- Public Affairs
- Health Fairs
- Development Department
- Mailings
- Database Entry
- Pro-Choice Volunteer Night
- Health Center Outreach Events
- Club Nights
- Intern (*specify department*):

**How long of a commitment can you make to Planned Parenthood Los Angeles?**

- 3 months  6 months  a year or more
- other (*indicate*):

**Approximately how many hours can you volunteer?**

\_\_\_\_\_hours/week or \_\_\_\_\_hours/month

**What hours are you available?** (*Please note that some centers have Saturday hours, however, administrative office hours are primarily M-F, 9:00 a.m. – 5:00 p.m.*)

**Monday** from \_\_\_\_\_ to \_\_\_\_\_

**Tuesday** from \_\_\_\_\_ to \_\_\_\_\_

**Wednesday** from \_\_\_\_\_ to \_\_\_\_\_

**Thursday** from \_\_\_\_\_ to \_\_\_\_\_

**Friday** from \_\_\_\_\_ to \_\_\_\_\_

**Saturday** from \_\_\_\_\_ to \_\_\_\_\_

**Do you own a car?**

- Yes  No

**Are you willing to travel?**

- Yes  No

Since your 18th birthday, have you been convicted of any criminal offense? \_\_Yes \_\_No If yes, please briefly explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide an emergency contact:**

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Why do you want to volunteer for Planned Parenthood?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about volunteering with Planned Parenthood?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....

*If you are under 18, please have your parent or guardian fill this out.*

**Parental/Guardian Consent Form:**

I hereby allow my son/daughter/minor, for whom I am the guardian, to participate in Planned Parenthood Los Angeles' Volunteer Program. I understand that his/her services are being offered on a voluntary basis without anticipation of financial remuneration and I shall indemnify and hold harmless Planned Parenthood Los Angeles from and against all claims, demands, losses or liability or against any kind of nature of possible injury incurred during his/her volunteer services. I also consent to emergency medical treatment for my child and will assume all medical cost.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If you are 18 or over, please fill this out.*

**With my signature, I attest that the information that I have provided is, to the best of my knowledge, true and I grant Planned Parenthood Los Angeles permission to contact the above named references.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Internships**

If you are interested in an internship with Planned Parenthood Los Angeles, please call the volunteer office prior to submitting this application.

**Please list three references (mandatory):**

We will contact these people after your orientation to verify your potential as a volunteer. We require the names and phone numbers of two people who can speak to your professional/academic/volunteering background. The third reference may be a personal reference if you would like.

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

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

Relationship: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

## The Mission of Planned Parenthood Los Angeles

*is to provide convenient, affordable access to a comprehensive range of quality reproductive health care and sexual health information, through patient services, education, and advocacy.*



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