



For Use by PPMM Staff	
Date Received:	_____
Date Applicant Contacted:	_____
Forwarded to:	_____
Date Forwarded:	_____

VOLUNTEER/INTERN APPLICATION

Thank you for your interest in volunteering with PPMM. The information you provide on this form will allow us to find the most appropriate and satisfying volunteer or intern position for you within our agency. To facilitate placement, complete all sections that apply. Please type or print clearly.

Name (First) _____ (Middle) _____ (Last) _____ Date _____

Street Address _____ City _____ State _____ Zip Code _____

Phone (day) _____ (evening) _____ (cell/other) _____
 _____ Best way to contact you? Day # Evening # Cell/other Email

Email _____
 Female Male Date of Birth _____

If you are a minor, PPMM encourages you to discuss your intent to volunteer for PPMM with your parent or guardian.

VOLUNTEER INTERESTS -Some opportunities are not available in all regions. See regional volunteer opportunity list for details.

VOLUNTEER INTERNSHIP EXTERNSHIP

Areas of Interest: (check areas of interest and circle specific interests)

- Clinic Services (NOTE: most tasks with client contact require a 6 month commitment)** – clinic office support, client check-in, client surveys, support clinic staff in designated tasks as needed
- General Administrative/Office Support** – clerical, computer data entry, mailings, filing, research, etc.
- Development** – Fundraising campaigns, special events, prospect research, data entry
- Public Affairs/Advocacy** – community outreach, letter writing, lobbying, event tabling, clinic advocacy, legislative tracking
- Community Services (Education)** – community presentations, health fairs, Information Line counseling, support group childcare
- Volunteer Program Support** - organize and conduct volunteer events/trainings, provide general support to volunteer program
- Accounting** – support accounting department
- Marketing** – research, graphic/handout design, tally survey results, general marketing duties
- Special Projects Volunteer** – work with staff to design a project and see it through to completion

AVAILABILITY -- Please indicate days and times of availability

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning						
Afternoon						
After 6pm*						

Length of Commitment

**Certain opportunities are not available after 6pm*

- On call as needed for projects**
- Community Service Hours:** Number of hours needed: _____
- Short term (less than 6 months):** _____ hours per week for _____ months
- Standard (6+ Months):** _____ hours per week for _____ months

LOCATION - PPMM has 7 regional administration offices and 35 clinics. See the back of application for regional addresses and clinic locations. Most volunteer positions not related to clinic services are based at our administrative offices.

Select a region:

- Santa Clara Region Santa Cruz Region Reno Region Stockton Region
- Monterey Region Fresno Region Sacramento Region

Select a site(s)

Regional Administration Office Clinic (list up to 3 clinic choices): _____

PERSONAL REFERENCES:

Please give the name, telephone number and relationship of 2 people we can contact for personal references.

EMERGENCY CONTACT INFORMATION:

Please indicate the name, telephone number and relationship of 2 people we can contact in case of emergency.

PPMM CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT (please read this statement thoroughly)

I am aware and acknowledge that the volunteer work I am performing for PPMM is confidential and may involve trade secrets, confidential and proprietary knowledge, patient and donor data, and other intellectual information belonging to PPMM. Information may be released only by signed authorization of the patient/donor or by due process of law

I agree and promise that at all times I will hold in strictest confidence, any confidential information which I learn or obtain during or as a result of my volunteer work on behalf of PPMM. I will not utilize this information in any manner except for the benefit of PPMM, nor disclose it to any person except an authorized staff member. Unless directed to do so by an authorized staff member, I will not remove any documents from the premises of PPMM or make or retain copies of any PPMM documents. I agree not to reveal or disclose the contents of such documents to any unauthorized person.

As a volunteer, I understand that Planned Parenthood Mar Monte services are confidential, and I agree to abide by these regulations. Additionally, I hereby agree to practice within Planned Parenthood Mar Monte's protocols and policies. This agreement and my consent to abide by it shall continue in full force and effect even after I am no longer volunteering with PPMM.

Signature

Date

I certify that all information provided on this application is true and complete. I authorize PPMM to verify the information provided. I understand that omission or falsification of information is grounds for refusal of my volunteer service or for my dismissal from volunteer service upon discovery.

Signature

Date

The PPMM Action Network sends periodic legislative updates and action alerts via email that allows volunteers to stay informed, speak out, and make a difference. The Planned Parenthood Advocates Mar Monte, our electoral arm, informs voters about a candidate's stance on choice and works to ensure every elected official is pro-choice.

Check here if you **DO NOT** want receive emails from the Action Network

Interviewed by _____ Site/Dept. _____ Interview date _____

PPMM Notes/Comments:

THE PPMM VOLUNTEER APPLICATION PROCESS

1. Complete the application and return it to the regional administration office nearest you - addresses are listed below. On the application, please indicate all sites where you are able to volunteer. Make sure the positions in which you are interested are available at the sites you list.
2. Once the application is reviewed you may be called for an interview.
3. If you are approved, you will receive an orientation packet. The packet contains information about PPMM and forms that must be signed and returned to your staff supervisor. The forms must be submitted before you can begin volunteering.
 - ➔ Volunteers at clinic sites must provide proof of a negative tuberculosis screening within the last 6 months and immunization for rubella. Immunization for Hepatitis B may be required depending on the volunteer position.
4. Schedule your volunteer start date and time with your staff supervisor
5. BEGIN VOLUNTEERING!

PPMM LOCATIONS:

REGIONAL ADMINISTRATION OFFICES	CLINIC SITES IN THE REGION
<p>Santa Clara Region Volunteer Contact 1605 The Alameda San Jose, CA 95126 Ph: 408-297-9255 x 212/ Fax: 408-297-9256 sjvolunteer@ppmarmonte.org</p>	<p>Eastside, San Jose – 3131 Alum Rock Avenue. @ White Blossom Hill, San Jose – 5440 Thornwood Dr., #G @ Santa Teresa The Alameda, San Jose– 1691 The Alameda @ Naglee Mar Monte Community Clinic, San Jose – 2470 Alvin Ave., Suite 80 @ Flannigan Mountain View – 225 San Antonio Rd. @California Avenue Sunnyvale – 604 E. Evelyn @ Fair Oaks Avenue Gilroy – 7933 Wren Avenue, #D @ First</p>
<p>Monterey Region Volunteer Contact 316 North Main Street, Suite 100 Salinas, CA 93901 Ph: 831-784-1109/ Fax: 831-783-1897 montereyvol@ppmarmonte.org</p>	<p>Greenfield – 598 Walnut Avenue. @ El Camino Real King City – 1180 Broadway @ Canal Street Salinas – 316 N. Main Street @ Hwy 101 Seaside – 625 Hilby Avenue @ Fremont Blvd.</p>
<p>Santa Cruz Region Volunteer Contact 1119 Pacific Avenue, Suite 210 Santa Cruz, CA 95060 Ph: 831-425-1551 x 42/ Fax: 831-425-0217 santacruzvol@ppmarmonte.org</p>	<p>Westside, Santa Cruz – 1119 Pacific Avenue, #200 @ Cathcart Watsonville (Clinica Mariposa) – 40 Penny Lane @Aspen Way</p>
<p>Fresno Region Volunteer Contact 650 North Fulton Street Ph: 559-488-4908/ Fax: 559-488-4940 fresnovol@ppmarmonte.org</p>	<p>Family First, Fresno – 5727 N. Fresno Street, #101 @ E. Bullard Fulton Street Health Center – 650 North Fulton Street @ E. Thomas Bakersfield – 2535 16th Street, #100 @ Pine Merced – 1960 P Street @ 20th Street Merced Community Services – 710 West 18th Street, Suite 17 Madera – 500 E. Almond, #3A @ Madera Avenue</p>
<p>Reno Region Volunteer Contact 455 W. 5th Street Reno, NV 89503 Ph: 775-688-5560 x 233/ Fax: 775-688-5599 renovol@ppmarmonte.org</p>	<p>Fifth Street, Reno – 455 W. Fifth Street @ Virginia Peckham, Reno – 4385 Neil Road, #105 @ Peckham Tahoe City Education Services – 3190 Fabian Way (P.O. Box 8405)</p>
<p>Sacramento Region Volunteer Contact 201 29th Street, Suite A Sacramento, CA 95816 Ph: 916-446-5037/ Fax: 916-446-3274 sacramentovol@ppmarmonte.org</p>	<p>Capitol Plaza, Sacramento – 1125 10th Street @ L Street Fruitridge, Sacramento – 5385 Franklin Blvd., #A-D @ Fruitridge B Street, Sacramento – 201 29th Street, Suite B @ B Street North Highlands – 5700 Watt Avenue @ A Street Roseville – 729 Sunrise Blvd., #900 @ Cirby Way Woodland – 520 Cottonwood Street, #10 @ W. Lincoln Avenue Yuba City – 430 Palora Avenue, #G @Franklin Road</p>
<p>San Joaquin Region Volunteer Contact 415 W. Benjamin Holt, D-4 Stockton, CA 95207 Ph: 209-473-8982/ Fax: 208-473-8985 stocktonvol@ppmarmonte.org</p>	<p>North Clinic, Stockton - 415 W. Benjamin Hold, #D-2 @ Inglewood Eastland Plaza, Stockton – 678 N. Wilson Way, #25 @ Park Manteca - 965 E. Yosemite Avenue, #2 @ Main Modesto – 1431 McHenry, Suite 100 @ Drake Tracy – 205 W. 9th Street @ A Street</p>

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