



For Use by PPMM Staff

Date Application Received: _____
 Date Applicant Contacted: _____ Date Interviewed: _____
 Forwarded to: _____ Date: _____
 Placed? Y N Date: _____
 Notes: _____

VOLUNTEER/INTERN APPLICATION

Thank you for your interest in volunteering with PPMM. The information you provide on this form will allow us to find you the best volunteer or intern position within our agency. To facilitate placement, complete all sections. Incomplete applications will not be considered for placement. Please type or print clearly.

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

 Street Address City State Zip Code

 Phone with area code (day) (cell/other)
 Best way to contact you? Day # Cell/other Email

Email _____
 Female Male Date of Birth _____

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

SELECT A REGION - PPMM has 7 regional administration offices. See the back of application for regional addresses.

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

TYPE OF COMMITMENT: VOLUNTEER INTERNSHIP EXTERNSHIP

Length of Commitment (*volunteering in a health center requires a minimum commitment of 90 hours*)

- On call as needed for projects** **Community Service Hours** – Total hours needed: _____
 _____ hours per week for _____ months **Internship/Externship Hours** - Total hours needed: _____

Intern/Extern Requirements – please use this space to describe any credit or program requirements from your school/training program that may be important in determining the best placement. Please attach any relevant internship information.

Availability -- Please indicate days and times of availability

NOTE: Most opportunities are during business hours M-F

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

EDUCATION

- High School Graduate College Graduate
 Current Student: High School College Graduate School Other _____
 School _____ Major/emphasis _____

EMPLOYMENT

- Full-time Part-time Retired Not currently employed
 Name of Employer _____ Position _____

PREVIOUS VOLUNTEER EXPERIENCE (list agency, task, and length of service)

PPMM has 7 regional administration centers and 33 health centers. The type of volunteer opportunity you choose will help to determine where you volunteer. Most volunteer positions not related to health center services are based at our administrative offices. See the back of the application for administrative office and clinic locations. Some opportunities are not available in all areas.

AREAS OF INTEREST: (Rank areas from 1 to 7 based on your level of interest with #1 as your top choice)

- Health Center Services**— health center office support, client check-in, client surveys, support health center staff in designated tasks as needed

List up to 3 health center site preferences: _____

Program Support (based at our regional administrative offices)

- 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, grassroots organizing, letter writing, lobbying, legislative tracking
 Community Services (Education) – community presentations, research/administrative support, outreach, health fairs, childcare
 Marketing – research, tally survey results, general marketing duties
 Other (please describe): _____

SKILLS (please check all of your skills you would like to use as a volunteer)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Organizational Skills | <input type="checkbox"/> Marketing | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Lobbying for Issues |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Research | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Writing | <input type="checkbox"/> Translating | <input type="checkbox"/> Grassroots Organizing |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Editing | <input type="checkbox"/> Bilingual (language) _____ | |
| <input type="checkbox"/> Training Staff/Volunteers | <input type="checkbox"/> Other _____ | | |

SPECIALIZED CLINICAL SKILLS (circle one)

- Nurse** **Nurse Practitioner** **Physician** **Medical Assistant** **Other** _____
 Student Licensed

Skills/Experience In:

- | | | |
|---|---|--|
| <input type="checkbox"/> Client check-in | <input type="checkbox"/> Medical billing/coding | <input type="checkbox"/> Exam room setup/cleanup |
| <input type="checkbox"/> Taking vital signs | <input type="checkbox"/> Phlebotomy | <input type="checkbox"/> Referral follow-up |
| <input type="checkbox"/> Taking patient history | <input type="checkbox"/> Venipuncture | <input type="checkbox"/> Insurance/Medi-cal verification |
| <input type="checkbox"/> Chart preparation | <input type="checkbox"/> Lab tests | <input type="checkbox"/> Other _____ |

QUESTIONS – Please briefly answer the following questions. You may attach additional paper if necessary.

1. What do you know about Planned Parenthood and the services we provide?

2. Why are you interested in volunteering for PPMM? (mark all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Work experience | <input type="checkbox"/> Community service requirements | <input type="checkbox"/> Experience in a clinic/medical setting |
| <input type="checkbox"/> School activity/project | <input type="checkbox"/> Want to give back to the community | <input type="checkbox"/> Other _____ |

Please elaborate on at least one of the above reasons

REFERENCES - Please provide 3 professional references (co-workers, teachers, supervisors, etc).

Professional Reference:

Name: _____

Phone: _____ Email: _____

Relationship: _____ How long have you known this person? _____

Name: _____

Phone: _____ Email: _____

Relationship: _____ How long have you known this person? _____

Name: _____

Phone: _____ Email: _____

Relationship: _____ How long have you known this person? _____

EMERGENCY CONTACT INFORMATION:

Please indicate the name, telephone number and relationship of 2 people to 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

Planned Parenthood Mar Monte sends legislative updates and action alerts via email that allows volunteers to stay informed about news, events and involvement opportunities. **Planned Parenthood Advocates Mar Monte**, our electoral arm, sends out periodic updates with advocacy opportunities and election information.

Yes! Please sign me up to receive email communication from Planned Parenthood Mar Monte and Planned Parenthood Advocates Mar Monte.

THE PPM 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 the interview and reference check area approved, you will receive orientation and site placement information by mail or email. The packet contains information about PPM and forms that must be signed and returned to Volunteer Services. The forms must be submitted before you can begin volunteering.
 - ➔ Volunteers at health centers 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 and BEGIN VOLUNTEERING!

PPMM LOCATIONS:

REGIONAL ADMINISTRATION OFFICES	CLINIC SITES IN THE REGION
Santa Clara Region Volunteer Contact 1605 The Alameda San Jose, CA 95126 Ph: 408-795-3753/ Fax: 408-297-9256 sjvolunteer@ppmarmonte.org	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 San Benito (Hollister) - 390 Seventh St. @ Monterey Street Gilroy – 7933 Wren Avenue., #D @ First Street
Monterey Region Volunteer Contact 316 North Main Street, Suite 100 Salinas, CA 93901. Ph: 408-795-3764/ Fax: 408-297-9256 montereyvol@ppmarmonte.org	Greenfield – 598 Walnut Avenue. @ El Camino Real Salinas – 316 N. Main Street @ Hwy 101 Seaside – 625 Hilby Avenue @ Fremont Blvd.
Santa Cruz Region Volunteer Contact 1119 Pacific Avenue, Suite 210 Santa Cruz, CA 95060 Ph: 408-795-3753/ Fax: 831-425-0217 santacruzvol@ppmarmonte.org	Westside, Santa Cruz – 1119 Pacific Avenue, #200 @ Cathcart Way Watsonville (Clinica Mariposa) – 40 Penny Lane @ Aspen Way
Fresno Region Volunteer Contact 633 N. Van Ness Fresno, CA 93728 Ph: 559-441-2741/ Fax:559-488-4940 fresnovol@ppmarmonte.org	Family First, Fresno – 5727 N. Fresno Street, #101 @ E. Bullard Fulton Street Health Center – 650 North Fulton Street @ E. Thomas Bakersfield – 2535 16 th Street, #100 @ Pine Merced (Clinic and Education) – 3166 Collins Drive @ Fairfield Madera – 500 E. Almond, #3A @ Madera Avenue
Reno Region Volunteer Contact 455 W. 5th Street Reno, NV 89503 Ph: 408-795-3764/ Fax: 775-688-5599 renovol@ppmarmonte.org	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)
Sacramento Region Volunteer Contact 201 29 th Street, Suite A Sacramento, CA 95816 Ph: 916-325-1736/ Fax: 916-446-2994 sacramentovol@ppmarmonte.org	Capitol Plaza, Sacramento – 1125 10 th 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
Stockton Region Volunteer Contact 415 W. Benjamin Holt, D-4 Stockton, CA 95207 Ph: 916-325-1736/ Fax: 916-446-2994 stocktonvol@ppmarmonte.org	North Clinic, Stockton - 415 W. Benjamin Holt, #D-2 @ Inglewood Eastland Plaza, Stockton – 678 N. Wilson Way, Suite G @ Park Manteca – 965 E. Yosemite Avenue, #2 @ Main Modesto – 1431 McHenry, Suite 100 @ Drake Tracy – 1441 N. Tracy Blvd. @ W. Beverly Place