



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)

 Email Best way to contact you? Day # Cell/other 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 clinic 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 clinic 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)

Clinic Services— clinic office support, client check-in, client surveys, support clinic staff in designated tasks as needed

List up to 3 clinic 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)

Organizational Skills

Marketing

Event Planning

Lobbying for Issues

Data Entry

Research

Fundraising

Public Speaking

Word Processing

Writing

Translating

Grassroots Organizing

Accounting

Editing

Bilingual (language) _____

Training Staff/Volunteers

Other _____

SPECIALIZED CLINICAL SKILLS (circle one)

Nurse

Nurse Practitioner

Physician

Medical Assistant

Other _____

Student

Licensed

Skills/Experience In:

Client check-in

Medical billing/coding

Exam room setup/cleanup

Taking vital signs

Phlebotomy

Referral follow-up

Taking patient history

Venipuncture

Insurance/Medi-cal verification

Chart preparation

Lab tests

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)

Work experience

Community service requirements

Experience in a clinic/medical setting

School activity/project

Want to give back to the community

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 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 and **BEGIN VOLUNTEERING!**

PPM LOCATIONS:

REGIONAL ADMINISTRATION OFFICES	CLINIC SITES IN THE REGION
<p>Santa Clara Region Volunteer Contact 1605 The Alameda San Jose, CA 95126 Ph: 408-795-3753/ 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 San Benito (Hollister) - 390 Seventh St. @ Monterey Street Gilroy – 7933 Wren Avenue., #D @ First Street</p>
<p>Monterey Region Volunteer Contact 316 North Main Street, Suite 100 Salinas, CA 93901. Ph: 408-795-3764/ Fax: 408-297-9256 montereyvol@ppmarmonte.org</p>	<p>Greenfield – 598 Walnut Avenue. @ El Camino Real 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 Way Watsonville (Clinica Mariposa) – 40 Penny Lane @ Aspen Way</p>
<p>Fresno Region Volunteer Contact 633 N. Van Ness Fresno, CA 93728 Ph: 559-441-2741/ 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 (Clinic and Education) – 3166 Collins Drive @ Fairfield 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: 916-325-1736/ Fax: 916-446-2994 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>Stockton Region Volunteer Contact 415 W. Benjamin Holt, D-4 Stockton, CA 95207 Ph: 916-325-1736/ Fax: 916-446-2994 stocktonvol@ppmarmonte.org</p>	<p>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</p>