

## Volunteer Application

**Please print.**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

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

Occupation and/or Student or Retired: \_\_\_\_\_

Place of employment/school: \_\_\_\_\_

If currently in school, date of expected graduation and major: \_\_\_\_\_

Preferred phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you over 18 years of age? Yes/No

Availability: What days and hours can you volunteer? Do you have transportation? YES or NO

Day: (circle) Monday Tuesday Wednesday Thursday Friday Saturday  
Time: \_\_\_\_\_

**Area of interest** (Check any or all that apply): Escort Newburgh \_\_\_\_\_ Escort Poughkeepsie \_\_\_\_\_

Office work Health Center \_\_\_\_\_ Phone Banking/Rallies/Political Affairs \_\_\_\_\_ Education Outreach \_\_\_\_\_

**Are you familiar with the mission of Planned Parenthood of Mid-Hudson Valley and can you fully support that mission?**

\_\_\_\_\_

**What does pro-choice mean to you?** \_\_\_\_\_

\_\_\_\_\_

**List any other community, faith based, professional and/or volunteer experiences and position:**

\_\_\_\_\_

\_\_\_\_\_

**List any special skills, abilities, interests, or hobbies that might benefit your work as a volunteer:** \_\_\_\_\_

\_\_\_\_\_

As a volunteer of PPMV you will serve as an ambassador in the community. What qualities make an effective ambassador?

What, if any, are your concerns about volunteering at PPMHV? \_\_\_\_\_

Are you bilingual? \_\_\_\_\_ Language \_\_\_\_\_

*In case of emergency while at PPMHV, please notify:*

Please provide three (3) references of people who have known you in a work/supervisory or other volunteer position (not family members/peers):

\_\_\_\_\_  
Name Relationship Phone Email

\_\_\_\_\_  
Name Relationship Phone Email

\_\_\_\_\_  
Name Relationship Phone Email

PPMHV volunteer orientation will be held periodically. Attendance at one session during your volunteer service is required. Specific training to your volunteer work is provided. We prefer volunteers to make a commitment of 3 months of regular volunteer work. Employees and volunteers are also asked to sign an agreement of confidentiality. Do you have any concerns about these policies? \_\_\_\_\_ If yes, please explain:

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

I understand and accept the responsibilities associated with volunteering at PPMHV as described above. I authorize Planned Parenthood of Mid-Hudson Valley to conduct any background investigations it may choose, including but not limited to, arrest record, schools attended and credit report.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in volunteering with PPMHV. If you have any questions please email to: [barbara.perry@ppmhv.org](mailto:barbara.perry@ppmhv.org)

Please return this form to:  
**Barbara Perry, Volunteer Coordinator**  
178 Church Street  
Poughkeepsie, NY 12601