

Volunteer/Intern Application

PERSONAL INFORMATION

Name		Today's Date	
Address		Birthdate (optional)	
City		State	Zip
Home Phone	Work Phone	Cell Phone	
Email Address			
Where did you hear about this volunteer opportunity (be specific):			
<p>We communicate with many of our volunteers through the Planned Parenthood Action Network (PPAN). By submitting this form, you will automatically be added to PPAN where you will receive alerts on important issues. If you would prefer not to be a member of PPAN, please check this box: <input type="checkbox"/></p>			

EDUCATION

School	Area of Study	Years Completed	Degree
Current Professional License		License Number	

EMPLOYMENT EXPERIENCE (May also include volunteer experience)

Name of Organization	Position	Dates

SKILLS

What skills can you share with Planned Parenthood (include languages spoken)?

EXPECTATIONS

As a volunteer at Planned Parenthood, what are your expectations?

STATEMENT OF INTEREST

Why do you want to volunteer at Planned Parenthood? (continued on back)

<p>Are you applying for a position to fulfill the requirements of a third party? (i.e., a court-referred placement, community service, service learning, internship). If so, please explain here:</p> <p>Have you ever been convicted of a felony or misdemeanor (other than traffic violations)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:</p> <p>(Conviction will not necessarily disqualify you. The nature of the conviction will be considered in relation to the position for which you are applying.)</p>

WHAT POSITION ARE YOU SEEKING?

Volunteer position:	Internship:				
Please indicate the days and times you prefer to volunteer:					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Desired Start Date:					
Indicate which sites are of greatest interest to you:					
<input type="checkbox"/>	Minneapolis – Uptown (clinic or admin)	<input type="checkbox"/>	Brooklyn Park (clinic)		
<input type="checkbox"/>	St. Paul – Highland (clinic or admin)	<input type="checkbox"/>	Burnsville (clinic)		
<input type="checkbox"/>	St. Paul – Rice St (clinic)	<input type="checkbox"/>	Woodbury - PLAN Express Care (clinic)		
<input type="checkbox"/>	Minneapolis – Centro de Salud (clinic)	<input type="checkbox"/>	Other – please indicate:		

REFERENCES

List three persons who will provide information regarding your qualifications, work habits and character (please include at least two work references):		
Name	Relationship	Daytime Phone

SIGNATURE

All of the information provided in this application is true and correct. I give Planned Parenthood permission to check my references. I affirm that I support Planned Parenthood's mission and policies.	
Signature	Date
Please return this application to: Volunteer Program, Planned Parenthood, 1200 Lagoon Avenue, Minneapolis, MN 55408.	