



219 East Main  
Missoula, MT 59802  
Phone: 406-728-5490,  
Fax: 406-728-5497

**FOR OFFICE USE ONLY:**

Date Received:  
Entered By:           Date:  
Forwarded To:  
Contacted:

**VOLUNTEER APPLICATION**

Thank you for your interest in Planned Parenthood of Montana. We offer a variety of volunteer opportunities and the information on this form will help us to find the most satisfying and appropriate volunteer position for you. Please keep in mind that we believe volunteering for Planned Parenthood of Montana is a serious commitment. We appreciate your completing this form.

**PLEASE PRINT OR TYPE**

\_\_\_\_\_  
Name (First)                      (M.I.)                      (Last)                      Today's Date \_\_\_\_\_

\_\_\_\_\_  
Street Address                      City                      State                      Zip Code

\_\_\_\_\_  
E-mail Address                      Home Phone                      Cell Phone                      Business Phone

I prefer to receive calls at \_\_\_\_ Home \_\_\_\_ Business \_\_\_\_ E-mail    Birth Month and Day \_\_\_\_\_

**VOLUNTEER INTERESTS: (Select any that apply)**

- \_\_\_\_ Individual                      \_\_\_\_ Internship
- LENGTH OF COMMITMENT: (Select any that apply)**
- \_\_\_\_ Short term (Less than six months)
- \_\_\_\_ Regular (More than six months)
- Weekly: # of hours per week \_\_\_\_\_
- Monthly: # of hours per month \_\_\_\_\_
- \_\_\_\_ One Time: # of hours \_\_\_\_\_
- \_\_\_\_ On call (as needed for projects)

**LOCATION:**

- \_\_\_\_ Billings
- \_\_\_\_ Great Falls
- \_\_\_\_ Missoula
- \_\_\_\_ Helena

**In the following areas: (Select any that apply):**

- \_\_\_\_ Administrative/Office Support: Clerical, computer data entry, filing, mailing, research, etc.
- \_\_\_\_ Client Services: Filing, front desk, patient advocate, etc.
- \_\_\_\_ Education: Classroom presentations, health fairs, Resource library.
- \_\_\_\_ Fund Raising/Development: Fund raising campaigns, prospect research, special events.
- \_\_\_\_ Public Affairs (Advocacy): Public Issue forums, letter writing, lobbying, outreach, tabling.
- \_\_\_\_ Communications and Marketing: Research
- \_\_\_\_ Teen Board
- \_\_\_\_ Clinic Escort

**Skills that you would like to use: (Select any that apply):**

- |                                 |                            |                          |
|---------------------------------|----------------------------|--------------------------|
| ____ Accounting                 | ____ Marketing             | ____ Teaching Adults     |
| ____ Bilingual (language _____) | ____ Newsletter            | ____ Teaching Youth      |
| ____ Computer Data Entry        | ____ Nursing (licensed)    | ____ Training Volunteers |
| ____ Event Planning             | ____ Organizational Skills | ____ Translating         |
| ____ Fund Raising               | ____ Physician (licensed)  | ____ Word Processing     |
| ____ Graphic Design             | ____ Public Speaking       | ____ Writing             |
| ____ Research                   | ____ Filing                | ____ Other _____         |

**EDUCATION:**

Current Student:  High School  College (Major) \_\_\_\_\_  
 High School Graduate  
 Bachelor's Degree (Major) \_\_\_\_\_  
 Master's Degree (Major) \_\_\_\_\_  
 Other \_\_\_\_\_

---

**EMPLOYMENT:**

Employed:  Full-time  Part-time  Between jobs  Unemployed  Retired  
**Please list your previous or present work experience. Complete all information.**

<b>1</b> Employer Address Starting Position Last Position Date of Employment From _____ To _____ Immediate Supervisor/Phone Duties Reason For Leaving	<b>2</b> Employer Address Starting Position Last Position Date of Employment From _____ To _____ Immediate Supervisor/Phone Duties Reason For Leaving
---	---

**VOLUNTEER EXPERIENCE:**

**Please list your previous or present volunteer experience. Complete all information.**

<b>1</b> Employer Address Starting Volunteer Position Last Volunteer Position Date of Volunteer work From _____ To _____ Immediate Supervisor/Phone Duties	<b>2</b> Employer Address Starting Volunteer Position Last Volunteer Position Date of Volunteer work From _____ To _____ Immediate Supervisor/Phone Duties
---	---

**REFERENCES:**

**Please give the name, relationship and phone number of two references (one professional, one personal).**

Name	Relationship	Phone
Name	Relationship	Phone

---

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

---

**PLEASE READ CAREFULLY**

I certify that the information I have submitted is true, accurate and complete and in exchange for the consideration of my employment application by Planned Parenthood of Montana (herein after called "PPMT" or "the company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any arrangement of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment. Nor shall it confer any right to remain an employee of PPMT or otherwise to change in any respect the employment-at-will relationship between it and the undersigned. Further, that relationship cannot be altered except by a written instrument signed by the CEO of PPMT. Both the undersigned and PPMT may end the employment relationship at any time, without specified notice or reason. If employed, I understand that PPMT may unilaterally change and/or revise their benefits, policies and procedures and such changes may include reduction or elimination of benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for within this application, resume and/or interview(s) is cause for rejection or for dismissal of employment if hired at anytime, regardless of time of discovery, without previous notice. I hereby give PPMT (along with any 3<sup>rd</sup> party requested by PPMT) permission to contact schools, all previous employers (unless otherwise requested) references, and any other parties. I agree to hold PPMT and all parties free and blameless of any liability for releasing truthful information that is within their knowledge or records.

I understand that in connection with the routine processing of my employment application, PPMT may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation and personal characteristics. Upon written request from me, PPMT will provide me with information concerning the nature and scope of any such report, as required by the Fair Credit Reporting Act. I further understand that employment with PPMT shall be probationary for a period of six (6) months, and further that at any time during the probationary period my employment relationship with PPMT is terminable at will for any reason or no reason by either party.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*PPMT is an Equal Employment Opportunity Employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with PPMT depends solely on your qualifications and the requirements of the job.*