

PLANNED PARENTHOOD OF NEW YORK CITY

VOLUNTEER PROGRAM APPLICATION

Please complete this application and return it **along with a copy of your resume** to:

Volunteer Coordinator
26 Bleecker Street, 6th Floor
New York NY 10012

PERSONAL INFORMATION (CONFIDENTIAL)

Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Phone (day) _____ Phone (evening) _____ Mobile _____
E-mail _____ Fax _____
Best Time to Contact _____ Are you over 18 years of age? Yes No

Are you interested in: () Volunteer Service () Internship () Community Service

How did you hear about Planned Parenthood of New York City (PPNYC)?

If you have worked and/or volunteered for Planned Parenthood, state where/when final position and reason for leaving:

Why are you interested in volunteering with PPNYC?

What would you like to gain from your experience as a PPNYC volunteer?

INTERNSHIP/COMMUNITY SERVICE INFORMATION
(ONLY COMPLETE IF APPLYING)

Student Status? () Full Time () Part-Time

Are you doing your internship for school credit or to meet class requirements? _____

If so, how many hours are required? _____

Time commitment? Start _____ End _____

School Name: _____ Degree _____

Area of Study _____

Internship Objectives:

*Please attach any information on your school's internship requirements and learning goals.

PREVIOUS VOLUNTEER EXPERIENCE

Organization	Position & Duties	Service Dates
1. _____	_____ _____	_____
2. _____	_____ _____	_____
3. _____	_____ _____	_____

REFERENCES

(1 Personal and 1 Professional, not including relatives)

Name	Relationship	Organization/Agency	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AREA(S) OF INTEREST

Please indicate the type(s) of volunteer opportunities which interest you.

Public Affairs

- Advocacy/Public Information
- Office Support
- Community Events/Outreach
- Health Center Escort
- Other

Education

- Media/Communications
- Program Support
- Other

Clinic

- Client Greeter
- Client Liaison
- Recovery Room Assistant
- Administrative Assistant
- Other

Executive Office/Administration

- Data Entry
- Office Support
- Special Events
- Monthly Volunteer Nights
- Other

SCHEDULING

Are you available weekdays weekends?

Please indicate the times you would be available (check all that apply):

	Morning 9am- 12pm	Morning/ Afternoon 9am – 2pm	Afternoon 12pm-4:00pm	High School Student 3pm-5pm	Evening ¹ 6-8:30
<input type="checkbox"/> Monday					
<input type="checkbox"/> Tuesday					
<input type="checkbox"/> Wednesday					
<input type="checkbox"/> Thursday					
<input type="checkbox"/> Friday					
<input type="checkbox"/> Saturday ²				N/A	N/A

¹ Only available once a month

² Administrative office closed, but the clinics are open

Period of time you would like to commit:

- 3 months
- 6 months
- 1 year

Any seasonal, school, travel, or other scheduling difficulties: _____

OTHER INFORMATION

Do you have any special skills that you could use in a volunteer placement (word processing, research, counseling/medical training, etc.)?

Do you have any language skills that you could use in a volunteer placement? Please list.

Do you have any special areas of interest that you could use in a volunteer placement?

Would you like to join the Action Network to receive action alerts, special events information, and ways to get involved with PPNYC in your community? () yes () no

Thank you.