

**PLANNED PARENTHOOD OF NEW YORK CITY  
VOLUNTEER PROGRAM APPLICATION**

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**PERSONAL INFORMATION (CONFIDENTIAL)**

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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? \_\_\_\_\_

Are you interested in: ( ) Volunteer service ( ) Internship ( ) Community service to fulfill a requirement

How did you hear about Planned Parenthood of New York City

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

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

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

Why are you interested in volunteering with Planned Parenthood of New York City?

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

What would you like to gain from your experience as a Planned Parenthood of New York City volunteer?

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**INTERNSHIP/COMMUNITY SERVICE INFORMATION (ONLY COMPLETE IF THIS IS RELEVANT FOR YOU)**

Student Status? :

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

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If so, how many hours are required?

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Time commitment? Start: End:

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School Name:

Degree:

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Area of Study:

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Internship Objectives:

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

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**PREVIOUS VOLUNTEER EXPERIENCE**

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1.  
Organization: \_\_\_\_\_  
Service Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Position and Duties: \_\_\_\_\_

2.  
Organization: \_\_\_\_\_  
Service Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Position and Duties: \_\_\_\_\_

3.  
Organization: \_\_\_\_\_  
Service Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Position and Duties: \_\_\_\_\_

**REFERENCES**

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(1 Personal and 1 Professional, not including relatives)

Name	Relationship	Organization/Agency	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**AREA(S) OF INTEREST**

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Please indicate the type(s) of volunteer opportunities that interest you:

Public Affairs

- Advocacy/Public Information
- Office Support
- Community Events/Outreach
- Other

Education

- Media/Communications
- Program Support
- Other

Health Center

- Health Center Escort
- Client Advocate
- Recovery Room
- Health Center Assistant
- Other

Executive Office /Administration

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

**SCHEDULING**

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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-4pm	High School Student 3pm-5pm	Evening 1 6-8:30pm
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday <sup>2</sup>				N/A	N/A

<sup>1</sup> Only available once a month on Monthly Volunteer Night

<sup>2</sup> Administrative office closed, but the health centers are open

Period of time you would like to commit:  3 months  6 months  1 year

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

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**OTHER INFORMATION**

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

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

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Do you have any special areas of interest that are relevant to a volunteer placement?

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Would you like to join our mailing list of pro-choice advocates, the Planned Parenthood of New York City Action Network? ( ) Yes ( ) No

If so, visit [www.ppaction.org/ppnyc/join.html](http://www.ppaction.org/ppnyc/join.html).

Would you like to receive information from Planned Parenthood of New York City's Development Department (e.g., special events and fundraisers)? ( ) Yes ( ) No

Thank you.