

Volunteer Application

Directions: Complete this application and return it to the address listed below. If you wish, you may attach a resume or additional information to your application. All information provided is confidential. Once your application is received by PPABC, you may be contacted for an interview, your references will be checked, and then after you are approved you will be notified of specific volunteer opportunities.

Name _____ Date of birth _____

Address _____

Phone: (Day) _____ (Eve) _____ (Cell) _____

E-mail: _____

Emergency Contact Name _____ Phone _____ Relationship _____

Education Background: _____

Special Skills/Degrees/Interests/Language(s) Spoken: _____

Employment (Current & Past) and/or Volunteer History (Use additional page, if necessary) _____

Since your 18th birthday, have you been convicted of any criminal offense? Yes No
(If yes, please briefly explain)

PLEASE List at least TWO work or school references. Due to the sensitivity of our issues and the confidentiality of our patients, we require this of all volunteer applicants.

Include: Name, address, e-mail (if available), phone number of reference, and relationship.

Reference #1

Reference #2

Hours Available: _____
Monday Tuesday Wednesday Thursday Friday

Health Center(s) Available for: Bristol Bensalem Warminster Quakertown

- Please comment briefly on why you are interested in volunteering for Planned Parenthood:

- How did you hear about volunteering for Planned Parenthood of Bucks County?

Please indicate areas in which you are interested in volunteering:

Clerical/Administrative/Fundraising –

- Assist with large mailings
 Help with copying, filing, light typing, and other clerical duties
 Help with special events – fundraising, advertising/outreach and/or tasks for the day of the event
 Other (Please explain on separate sheet or on back of this form, what other volunteer service you could provide)

Public Affairs

- Participate in advocacy efforts – canvassing, community outreach and visibility events
 Assist with phone banks and contacting supporters regarding legislative updates
 Participate in Lobby visits and Legislator contact

Education –

- Administrative tasks – copying and preparing materials for programs, assisting staff, making safer sex kits, etc.

Medical Office -

- Assist with filing, phoning patients for annual reminders, and other administrative duties.
 Clinic Advocate – communicating with clients about current issues, activist engagement and Action Network sign-ups
 Clinic Escort – accompanies patients and companions into our Warminster Health Center
 Clinic Recovery Room Assistant – assists clinician with patient care

How long a commitment can you make to PPABC? 3 months 6 months a year or more

Approximately how many hours can you volunteer? _____ hours per week or _____ hours per month

- YES, I want to join the Planned Parenthood Action Network and be kept up to date on legislative issues and happenings via email alerts and informative communications. My email address is written above.**

My signature below confirms my understanding that as a volunteer for PPABC I agree to:

- **Accept the guidance and decisions of my supervisor(s)**
- **Be punctual, reliable and act in a professional and non-judgmental manner**
- **Insure the confidentiality of all patient and donor information**
- **Abide by all agency procedures and protocols**
- **Notify PPABC of any potential conflicts of interest between my duties and loyalty to PPABC and personal interest or duties I may have with other organizations.**

Signature _____ **Date** _____

Signature of parent if applicant is under 18 years old _____

Return Application to:

Planned Parenthood Association of Bucks County
Attn: Volunteer Manager
610 Louis Drive, Warminster, PA 18974-2828
(Phone) 215-957-7981; (Fax) 215-957-9668
E-mail: volunteer@ppbucks.org