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|---------------------------------|
| For Use by PPNEO Staff Only |
| Date Received: _____ |
| Date Applicant Contacted: _____ |
| Interviewed: _____ |
| Forwarded to: _____ |
| Placement: _____ |

VOLUNTEER/INTERN APPLICATION

Thank you for your interest in volunteering with Planned Parenthood of Northeast Ohio.
Your completion of all sections of this form is appreciated.

I. PERSONAL INFORMATION:

Name: _____ Date: _____

Address: _____

Home phone: _____ Work phone: _____ Cell: _____

Email address: _____

I would like to be added to the PPAN Get Active list to get email alerts about policy issues: _____ Yes _____ No

II. INTERESTS: * PLEASE NOTE: Volunteer opportunities with PPNEO are limited at this time. *****

- _____ **Administrative** – administrative office support, customer service, support staff in designated tasks as needed.
- _____ **Public Policy** – letter writing, community outreach, legislative tracking, voter registration, monitoring newspapers.
- _____ **Clinic Assistant** –office support, customer service, support staff in designated tasks as needed.

Please list preferred site: _____

III. AVAILABILITY: Please indicate the days and times you prefer to volunteer.

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|---------|-----------|----------|--------|----------|
| | | | | | |

Length of Commitment

- _____ On-call as needed for projects
- _____ Community Service Hours: number of hours needed: _____
- _____ Short term (less than 6 months): _____ hours per week for _____ months
- _____ Long term (6 + months): _____ hours per week

IV. SKILLS:

- | | | |
|------------------------|-------------------------|-----------------------|
| _____ Accounting | _____ IT/Website | _____ Fundraising |
| _____ Data Entry | _____ Public | _____ Writing/Editing |
| _____ Spanish Speaking | _____ Speaking/Teaching | _____ Research |
| _____ Marketing | _____ Event Planning | |

V. EDUCATION: You may submit a resume and references in lieu of the Education and Employment sections.

| School | Course of Study | Degree/ Diploma |
|--------|-----------------|-----------------|
| | | |
| | | |

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VI. EMPLOYMENT: (May also include volunteer experience)

| Employer Name/Address/Phone # | Position Title | Supervisor Name | Dates of Employment | May we contact? |
|-------------------------------|----------------|-----------------|---------------------|-----------------|
| | | | | |
| | | | | |

VII. QUESTIONS: Please briefly answer the following questions.

Why would you like to volunteer for PPNEO?

As a volunteer at Planned Parenthood, what would be your expectations?

VIII. REFERENCES: (no relatives, please)

| | |
|-------------------------|-------------------------|
| Name: _____ | Name: _____ |
| Address: _____ _____ | Address: _____ _____ |
| Phone: _____ | Phone: _____ |
| Email: _____ | Email: _____ |
| Relationship: _____ | Relationship: _____ |
| Years Known: _____ | Years Known: _____ |

IX. OPTIONAL DIVERSITY INFORMATION:

1) Birthday: ____ / ____ / ____

2) Gender: ____ Female ____ Male

3) Ethnicity: ____ African American ____ Asian/Pacific Islander ____ Hispanic
 ____ Native American ____ Caucasian/White ____ Other _____

X. PLEASE READ AND SIGN:

I authorize Planned Parenthood of Northeast Ohio to make inquiry into my professional and personal references and relevant information in the volunteer consideration process. I understand that completion of this application does not indicate whether there are any positions currently open and that it does not oblige Planned Parenthood of Northeast Ohio to extend association on a voluntary basis. I understand that my file will remain confidential.

My signature constitutes that my responses on this application are true and complete to the best of my knowledge and that I have read and understood the above paragraphs. I further understand that if I am accepted as a volunteer by Planned Parenthood of Northeast Ohio, false statements made on this Application or during the volunteer application screening process shall be considered sufficient cause for dismissal.

Signed: _____ Date: _____

Planned Parenthood of Northeast Ohio complies fully with all State and Federal laws prohibiting discrimination on the basis of race, color, religion, gender, sexual orientation, gender identity or gender expression, national origin, age, disability or veteran status.

Please complete and return to:
 Volunteer Program Manager
 Planned Parenthood of Northeast Ohio
 3500 Lorain Avenue, Suite 400
 Cleveland, OH 44113-8804
 choiceadvocates@ppneo.org