



Volunteer Application

Thank you for your interest in volunteering with Planned Parenthood of Southwest and Central Florida (PPSWCF). The information you provide on this form will allow us to find the most appropriate and satisfying volunteer position for you within our organization. Please print clearly and complete all sections.

 Name (First) (Middle) (Last) Today's Date ____/____/____

 Street Address City State Zip Code

 Phone (Day) (Evening) (Cell)

 Best way to contact you? Day Evening Cell Email
 Email

Gender _____ Are you under the age of 16? _____ Where did you hear about us? _____

Volunteer Interests- Check all that interests you. (Note: some opportunities are not available in all areas)

- Clinic Services- office support, client check-in, client surveys, support clinic staff in designated tasks
- General Administration- clerical, computer data entry, mailings, filings, research, etc.
- Development- Fundraising campaigns, special events, prospect research, data entry
- Public Affairs/Advocacy- community outreach, letter writing, lobbying, event tabling, legislative tracking
- Volunteer Program Support- conduct volunteer events/trainings, provide general support to volunteers
- Marketing- research, tally survey results, general marketing duties

Availability- Please indicate days and times of availability

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

Length of Commitment

- On Call as needed for projects
 - Community service hours (hours required each week) _____ total hours required: _____
 - Short term & Seasonal (less than 6 months) _____ hours per week
 - Standard (6+ months) _____ hours per week
-

Location- PPSWCF has 1 regional administration office and 6 health centers. Please choose your location.

- Ft. Myers Health Center Lakeland Health Center Manatee Health Center
 - Sarasota Health Center St. Petersburg Health Center Tampa Health Center
 - Winter Haven Health Center Sarasota Administration Office
-

Education

- High School Graduate College Graduate Current Student (Indicate grade or level) _____

Employment Status

- Full-time Part-time Retired Not employed Other: _____

Name of Employer _____ Position _____

Previous volunteer experience (list agency, task and length of service)

Questions- Please briefly answer the following questions.

1. Why would you like to be a volunteer for PPSWCF? (Please list your specific skills here)

2. What would you like to gain from your volunteer experience at PPSWCF?

3. PPSWCF is a pro-choice organization and supports a pregnant woman's right to choose abortion, adoption or parenting. PPSWCF offers these services to minors, including access to contraceptives without notifying their parents. Planned Parenthood supports diversity in all employment and volunteer areas. Are you comfortable volunteering for an agency that supports or provides these services? Please explain.

Personal References

Please give the name, telephone number and relationship of 2 people we can contact for a personal reference.

- 1.
- 2.

Emergency Contact Information

Please indicate the name, telephone number and relationship of 2 people we can contact in case of emergency.

- 1.
- 2.

PPSWCF Confidentiality and Non-Disclosure Agreement (please read this statement thoroughly)

I agree and promise that at all times I will hold in strictest confidence, any confidential information, which I learn or obtain during or as a result of my volunteer work on behalf of PPSWCF. I will not utilize this information in any manner except for the benefit of PPSWCF, nor disclose it to any person except an authorized staff member. Unless directed to do so by an authorized staff member, I will not remove any documents from the premises of PPSWCF or make or retain copies of any PPSWCF documents. I agree not to reveal or disclose the contents of such documents to any unauthorized person.

As a volunteer, I understand that Planned Parenthood services are confidential, and I agree to abide by these regulations. Additionally, I hereby agree to practice within Planned Parenthood of Southwest and Central Florida's protocols and policies. This agreement and my consent to abide by it shall continue in full force and effect even after I am no longer volunteering with PPSWCF.

Signature

Date

I certify that all information provided on this application is true and complete. I authorize PPSWCF to verify the information provided. I understand that omission or falsification of information is grounds for refusal of my volunteer service or for my dismissal from volunteer service upon discovery.

Signature

Date

**Please return this application to
Alice Shipman
Volunteer Coordinator
volunteer@ppswcf.org**

**Planned Parenthood of Southwest and Central Florida
736 Central Avenue
Sarasota, FL 34236**