



Planned Parenthood[®]
of the Rochester/Syracuse Region Inc.

Student Intern Information Form

Name _____ Phone #(_____) _____

Address _____

_____ Birthday (do not include year) _____

E-mail _____ Pager/Cell _____

Type of Field Experience you are seeking _____

Academic Institution _____

Field of Study _____

Academic Advisor _____ Phone # _____

Current Academic Status _____ Anticipated Graduation _____

Placement Requirements: Semester date _____

Type of work required or interested in completing for internship _____

Date(s) of Assignment _____ # Hours _____

Location preference _____

Employer _____ Work # _____

Other related experience _____

Emergency Contact _____ Phone # (day) _____

Relationship _____ Phone # (eve) _____

Are you interested in learning about volunteer opportunities at PPRSR? (Circle one)

YES

NO

Signature _____ Date _____

(Please return completed form to the volunteer office)