

**VOLUNTEER APPLICATION**

(Please print or type)

(Planned Parenthood is equal opportunity employer and supports workforce diversity. We do not discriminate on the basis of race, creed, color, national origin, religion, sexual orientation, age, marital status, handicap, disability or status as a disabled veteran or veteran of the Vietnam Era.)

NAME _____ **DATE** _____**ADDRESS** _____
_____**PHONE#**

(Home) _____ (Work) _____ (Pager/cell) _____

(E-mail) _____

BIRTHDAY (do not include year) _____ **S.S.#** _____**EMPLOYER** _____ **POSITION** _____**HOW LONG?** _____ **WORK SCHEDULE** _____**OTHER COMMITMENTS/ PT WORK** _____**FORM OF TRANSPORTATION** _____ **LICENSE PLATE#** _____**EDUCATION:** School _____ Field of study _____

Degree/certifications _____ Yr. Graduation _____

VOLUNTEER ROLE DESIRED (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Rape Crisis | <input type="checkbox"/> Clinic Escort | <input type="checkbox"/> Booth Representative |
| <input type="checkbox"/> Clerical tasks | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Outreach & Education |
| <input type="checkbox"/> Graphic design | <input type="checkbox"/> Grounds work | <input type="checkbox"/> Data Base Management |
| <input type="checkbox"/> Group Project | <input type="checkbox"/> Special Events | <input type="checkbox"/> Committee work |
| <input type="checkbox"/> Internship | <input type="checkbox"/> Occasional Projects | |
| <input type="checkbox"/> Other (describe) _____ | | |

RELATED EXPERIENCE _____

TIME AVAILABILITY (please specify)

Days

Evenings

Weekends

Hours Available _____

I can make at least a one-year commitment

INTERESTS, HOBBIES, SKILLS, SPECIAL TALENTS OR LANGUAGE FLUENCY: _____

COMPUTER LITERACY(describe yours) _____

WHY ARE YOU INTERESTED IN PPRSR? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (explain)? _____

REFERENCES (list 3 contacts other than family members or friends who have first hand knowledge of your experience and abilities)

Name

Address

Phone or e-mail

STUDENT INTERNSHIP INFORMATION:

School

Field of Study

Status

Grad Date

Academic Advisor

Phone #

E-mail

What type of student placement is this?

Internship Requirements (include semester, hours, days per week, tasks, etc.)

EMERGENCY CONTACT INFORMATION (please list 2 individuals that we may contact in the event of an emergency)

Name	Relationship	Address	Phone
			(Day) (Evening) (Pager)
			(Day) (Evening) (Pager)

PLEASE NOTE ANY HEALTH PROBLEMS THAT WE SHOULD BE AWARE OF; _____

ARE YOU INTERESTED IN PERFORMING ADDITIONAL VOLUNTEER RESPONSIBILITIES FOR THE AGENCY UPON OCCASION (Please specify)? _____

HOW DID YOU LEARN OF OUR NEED FOR VOLUNTEERS? _____

AFFIRMATIVE ACTION SURVEY

(Government agencies require periodic reports on the gender, ethnicity, and handicapped and veteran status of applicants. Please complete this data for analysis and affirmative action only. Submission of information is voluntary.) PLEASE CHECK ALL THAT APPLY TO YOU;

- | | | |
|---|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | |
| <input type="checkbox"/> Vietnam Veteran | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Disabled Person |
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other; |

ADDITIONAL COMMENTS;

SIGNATURE _____ **DATE** _____

(I certify that all answers on this application are true and complete to the best of my knowledge.)