



Upper Hudson  
**Planned Parenthood®**  
**Internship Application**

**Please return to:**  
**UHPP**  
**259 Lark Street**  
**Albany, NY 12210**

**Personal Information**

Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_ - \_\_\_\_\_  
 Fax (    ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_ - \_\_\_\_\_  
 Email \_\_\_\_\_

**Education and Training**

**List high school, college, and any additional training:**

School	Dates	Address	Degree/Certificates
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Are you currently enrolled in a college or university?    YES    NO

If so, where? \_\_\_\_\_

Do you attend    FULL TIME    PART TIME    N/A

Academic Major/Area(s) of study \_\_\_\_\_

Through which office or department will you receive credit for this internship?  
 \_\_\_\_\_

Do you have reliable transportation for getting to your internship?    YES    NO

**Relevant Experience**

**List any relevant experience (paid, volunteer, coursework):**

Agency	Dates	Duties/Courses
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Are you currently employed?    YES    NO

If so, where? \_\_\_\_\_

Do you work    FULL TIME    PART TIME

May we call you at work?    YES    NO    Work Phone: \_\_\_\_\_

**Special Skills**

List any special skills you think might be helpful to UHPP (computer, languages, equipment):

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**References (one personal and two from teachers or employers)**

Name	Address	Phone	Relationship
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**Criminal Background**

Have you ever been convicted of a misdemeanor? YES NO

Have you ever been convicted of a felony? YES NO

If yes, please explain:

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*UHPP reserves the right to conduct criminal background checks on all applicants. Conviction of a crime does not necessarily preclude you from becoming a intern at UHPP.*

**Referral Source**

**How did you find out about volunteering at UHPP?**

School/College	Family/Friend	Beanstalk.com
UHPP website	UHPP Staff member	Other: _____

**Internship Requirements and Preferences**

**Dates of Internship:** Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ and Ending \_\_\_\_/\_\_\_\_/\_\_\_\_

**Hours Requested/Required:** Weekly\_\_\_\_\_ Total\_\_\_\_\_

**Availability (please check all that apply):**

Days available:

Monday	Hours: ____ to ____	Thursday	Hours: ____ to ____
Tuesday	Hours: ____ to ____	Friday	Hours: ____ to ____
Wednesday	Hours: ____ to ____		

**Department Preference:**

Community Education	Public Affairs	Public Relations
Marketing	Information Technology	

**Applicant Statement**

**Why did you decide to apply for an internship at Planned Parenthood?**

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*I certify that all information provided in this volunteer application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteering and may justify my dismissal if discovered at a later date.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE