Planned Parenthood®
Care. No matter what.
Planned Parenthood Mid-Hudson Valley

Volunteer Application

Please print.

Today's Date:_____

Name: _____
Last First Middle

Address: _____

Occupation and/or Student or Retired: _____

Place of employment/school: _____

If currently in school, date of expected graduation and major: _____

Preferred phone number: _____

Email address: _____

Are you over 18 years of age? Yes/No

Availability: **What days and hours can you volunteer?** _____
Do you have transportation? YES or NO

Day: (circle)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time:	_____	_____	_____	_____	_____	_____

Area of interest (Check any or all that apply): Escort Newburgh_____Escort Poughkeepsie_____

Office work Health Center_____Phone Banking/Rallies/Political Affairs_____Education Outreach_____

Are you familiar with the mission of Planned Parenthood of Mid-Hudson Valley and can you fully support that mission?

_____

What does pro-choice mean to you?

_____

_____

List any other community, faith based, professional and/or volunteer experiences and position:

_____

_____

List special skills, abilities, interests, or hobbies that might benefit your work as a volunteer:

As a volunteer of PPMV you will serve as an ambassador in the community. What qualities make an effective ambassador?

What, if any, are your concerns about volunteering at PPMHV?

_____

Are you bilingual? _____ Language_____

In case of emergency while at PPMHV, please notify:

Please provide three (3) references of people who have known you in a work/supervisory or other volunteer position (not family members/peers):

_____

Name Relationship Phone Email

_____

Name Relationship Phone Email

_____

Name Relationship Phone Email

PPMHV volunteer orientation will be held periodically. Attendance at one session during your volunteer service is required. Specific training to your volunteer work is provided. We prefer volunteers to make a commitment of 3 months of regular volunteer work. Employees and volunteers are also asked to sign an agreement of confidentiality. Do you have any concerns about these policies? _____ If yes, please explain:

_____

_____

I understand and accept the responsibilities associated with volunteering at PPMHV as described above. I authorize Planned Parenthood of Mid-Hudson Valley to conduct any background investigations it may choose, including but not limited to, arrest record, schools attended and credit report.

Signature_____ Date_____

Thank you for your interest in volunteering with PPMHV. If you have any questions please email to:
amanda.moody@ppmhv.org

Please return this form to: Amanda Moody, Community & Online Organizer
Amanda.Moody@ppmhv.org