



INTERN APPLICATION

Thank you for your interest in interning with Planned Parenthood of Indiana and Kentucky (PPINK). The information you provide on this application will allow us to find the most appropriate and satisfying intern position for you within our organization.

- All information in this application is kept strictly confidential and used only for PPINK purposes.
- Please answer each question as completely as possible.
- Completion of this application does not guarantee acceptance or placement in the Planned Parenthood of Indiana and Kentucky intern program.

Why intern at Planned Parenthood?

For 78 years, Planned Parenthood of Indiana and Kentucky (PPINK) has provided quality, affordable reproductive health care to Hoosier women and men, as well as education and advocacy services. By volunteering or interning at PPINK, you can make a difference in the lives of the nearly 100,000 people the organization provides with health care and educational services. You can join the caring staff of PPINK in supporting the organization's mission to provide comprehensive reproductive health care, to protect through prevention, and to support those who need us most.

As an intern at Planned Parenthood, what can you do?

We offer a number of interesting and challenging assignments. There are both short-term and long-term assignments available throughout our agency, including health services, education, development, public policy and administration.

As an intern at Planned Parenthood we ask you to:

- Support Planned Parenthood's mission, goals and policies.
- Strictly adhere to our confidentiality policy at all times.
- Check in with staff each time you have a question or concern.
- Make a minimum commitment to a specified term of service.
- Be reliable in your time commitment.
- Be responsible for carrying out your service assignment.
- Keep accurate record of your hours of service and report those hours monthly.

How do you get started?

- Learn all you can about Planned Parenthood of Indiana and Kentucky by browsing www.PPIN.org to make sure PPINK is where you want to intern.
- If you decide that PPINK is the agency for you, the first step is to fill out this application and return it one of three ways:
 - Fax: (317) 637-4344
 - E-mail: interns@PPIN.org (please put "PPINK Intern Application" in the subject line of the e-mail)
 - Mail: Planned Parenthood of Indiana and Kentucky, Attn: Intern Application, P.O. Box 397, Indianapolis, IN 46206



Contact Information – PLEASE PRINT

First:		Nickname:		M:		Last:	
Street Address:							
City:		State:		Zip:			
E-mail:				E-mail 2:			
Home Phone:				Cell Phone:			
I prefer to be reached by (please check all that apply):							
<input type="checkbox"/> E-mail		<input type="checkbox"/> E-mail 2		<input type="checkbox"/> Home Phone		<input type="checkbox"/> Cell Phone	

Intern Interests

Please check all that interest you and circle your first preference. Note: some opportunities are not available in all areas of the state.

<input type="checkbox"/> Health Center (may include) Front Desk / Clerical support / Bilingual Translations / Check-in / Escort / Purging Records / As needed	<input type="checkbox"/> Development / Fundraising (may include) Mailings / Special events / Projects / PPYL (Planned Parenthood Young Leaders)
<input type="checkbox"/> Public Policy (may include) Advocacy / Lobbying / Letter writing / Fairs / Exhibits / Projects / Visit legislators / Lobby / Voter registration	<input type="checkbox"/> Marketing/Communications (may include) Promotional Campaigns / Writing / Editing / Advertising / Event marketing / Media database management
<input type="checkbox"/> Education (may include) Exhibits / Teen Peer or Peer Education / Outreach / Clerical support / Health fairs / As needed	<input type="checkbox"/> Administrative office (may include) Clerical (scanning, filing, etc) / Front desk / Human Resources / Volunteer management
<input type="checkbox"/> IT (may include) Web maintenance / Web development / Usability testing / Inter-departmental collaboration	

Location

PPINK has 28 regional health centers and one administrative office. Please select the location in which you are available to volunteer. For specific addresses of these sites please visit www.PPIN.org

Indianapolis: <input type="checkbox"/> Main admin office (downtown Indianapolis) <input type="checkbox"/> Fishers <input type="checkbox"/> Eastside <input type="checkbox"/> Georgetown Rd. <input type="checkbox"/> Midtown <input type="checkbox"/> Southside	<input type="checkbox"/> Avon <input type="checkbox"/> Bedford <input type="checkbox"/> Bloomington <input type="checkbox"/> Columbus <input type="checkbox"/> East Chicago <input type="checkbox"/> Elkhart <input type="checkbox"/> Evansville	<input type="checkbox"/> Fort Wayne <input type="checkbox"/> Gary <input type="checkbox"/> Hammond <input type="checkbox"/> Lafayette <input type="checkbox"/> Lexington, KY <input type="checkbox"/> Louisville, KY	<input type="checkbox"/> Madison <input type="checkbox"/> Merrillville <input type="checkbox"/> Michigan City <input type="checkbox"/> Mishawaka <input type="checkbox"/> Muncie <input type="checkbox"/> New Albany	<input type="checkbox"/> Seymour <input type="checkbox"/> Terre Haute <input type="checkbox"/> Valparaiso <input type="checkbox"/> Warsaw
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Availability

Monday <input type="checkbox"/> 9am – noon <input type="checkbox"/> Noon – 5pm <input type="checkbox"/> 5pm – 9pm	Tuesday <input type="checkbox"/> 9am – noon <input type="checkbox"/> Noon – 5pm <input type="checkbox"/> 5pm – 9pm	Wednesday <input type="checkbox"/> 9am – noon <input type="checkbox"/> Noon – 5pm <input type="checkbox"/> 5pm – 9pm	Thursday <input type="checkbox"/> 9am – noon <input type="checkbox"/> Noon – 5pm <input type="checkbox"/> 5pm – 9pm	Friday <input type="checkbox"/> 9am – noon <input type="checkbox"/> Noon – 5pm <input type="checkbox"/> 5pm – 9pm	Saturday <input type="checkbox"/> 9am – noon <input type="checkbox"/> Noon – 5pm <input type="checkbox"/> 5pm – 9pm
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Other comments regarding locations or availability:



Internship Information

Student Status:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Are you doing your internship for school credit or to meet class requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how many hours are required?		
Start Date:		End Date:
School Name:		Degree:
Area of Study:		Expected Graduation:
Intern objectives:		
Internship requirements – please include any information on your school’s internship requirements and learning goals:		

Work Experience

Current Work:	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time
Start Date (mm/yyyy):		End Date (mm/yyyy):
Company Name:		
Location:		
Supervisor Name and Phone:		
Past Work Experience (list most recent first):	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time
Start Date (mm/yyyy):		End Date (mm/yyyy):
Company Name:		
Location:		
Supervisor Name and Phone:		



Background – skills, personal, etc.

Are you multi-lingual?

Yes

No

Please list languages you speak:

Do you hold any licenses or certifications?

Yes

No

If yes, please list:

Please list any special skills or experience:

Why are you interested in interning at PPINK?

Have you been convicted of a felony or misdemeanor other than a minor traffic violation?

Yes

No

Do you know anyone who works for PPINK?

Yes

No

If yes, please list

Choice – please describe your feelings on:

Abortion:

Contraceptives for minors:



Reference – personal and professional

Name:		Name:	
Phone:		Phone:	
Relationship:		Relationship:	

Confidentiality / Authorization / Signature

By signing this document :

- I acknowledge my volunteer position may expose me to confidential information and records. Under no circumstances can I reveal information except as may be required in the course of my work at PPINK or by law. PPINK will immediately terminate any volunteer who breaches confidentiality about patients, clients, internal financial and management matters, staff, donors or other volunteers. Unauthorized use or disclosure by me of any information constitutes a breach of promise of your volunteer commitment to PPINK and may subject you to court action by any interested party and/or to other sanctions by PPINK.
- I acknowledge that access to Planned Parenthood property, including information, is based solely for the purpose of furthering Planned Parenthood’s goals. If my intent in obtaining access to Planned Parenthood property or information is for purposes other than to further Planned Parenthood goals, I will be considered to be trespassing and appropriate legal action will be taken.
- I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge.
- I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision. I consent to this review and to the consideration of any statements of references or former employers that are given in response to the inquiry.
- I hereby release all parties, including Planned Parenthood of Indiana and Kentucky and references, from liability for any injury or damage that may result from furnishing information concerning me or any action Planned Parenthood of Indiana takes on the basis of such information.

Signature:		Date:	
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Confidentiality Statement

All information obtained from or concerning the operations of PPINK and its patients or clients is considered to be privileged. It is the responsibility of each person to see that s/he respects confidentiality.

1. Patient Confidentiality

All employees and volunteers are required to read the policy on confidentiality and attest in writing to having done so prior to working with any patient or client. Those who do not work directly with clients (e.g. administrative staff, board of directors, fundraisers, committee members, volunteers, etc.) will review the policy and attest to keeping the confidence at the time of their orientation to PPINK.

Those who do work directly with patients (e.g. health center personnel) shall make every effort to protect patients' confidentiality. Neither employees nor volunteers may divulge any information concerning a patient to outside sources without written permission of the patient. At no time is the name of a patient or client used unless it is necessary for the service being delivered to that person. Patients seen outside of a PPINK facility should not be spoken to unless they make the first initial contact.

All matters relating to services or counseling with an individual are to be treated with the utmost confidentiality. This applies not only to written patient records, but to unwritten counseling or medical findings. No one is authorized to disclose that an individual has been or is a patient with PPINK without the patient's express written consent or as required by law.

All information concerning the operation of PPINK, its patients or its clients is considered to be confidential.

The following are examples of a breach of confidentiality:

- Talking over a case verbally or via electronic pathways using the client's name or other personal information.
- Mentioning, even in strictest confidence, to a close friend or family member or anyone else, the name of a patient.
- Using a patient's full name in a place where it can be overheard by others.
- Discussing confidential matters (e.g. type of treatment) with a patient where the conversation can be overheard.
- Using specific case histories, even without using names, to illustrate a story about Planned Parenthood to friends, family members, acquaintances, or at social gatherings.

2. Confidentiality of Operations

In addition to maintaining the confidentiality of PPINK's patients and clients at all times, information concerning the business operation or trade secrets of PPINK are confidential and should not be disclosed to any person (internal or external) except as necessary to perform the job function or as required by law. The following are examples of confidential information:



- Board member information;
- Internal communications or correspondence regarding PPINK operations;
- Strategic or annual plan documents;
- Financial information;
- Compensation data;
- Computer programs, codes or computer processes;
- Donor or supporter information;
- Pending projects and proposals;
- Intern. Employee or volunteer names and information; and
- Other PPINK information not known to the general public.

This is not intended to be an exhaustive list.

3. Consequences of Violation of Policy; Reporting Requirements

It is not a breach of confidentiality or violation of HIPAA to transfer information if required by law to do so. PPINK will comply with any valid summons, subpoena, court order or law requiring the reporting of information. In addition to any other legally required transfer of information, it is the policy of PPINK to report all known or suspected cases of child abuse or neglect as required by Indiana law.

Breach of confidentiality may be grounds for termination of the relationship. Failure to comply with applicable law may be subject to criminal liability and criminal penalties. Questions about a reporting obligation or disclosure of information should be directed to a supervisor or to the vice president of finance and administration or the vice president of patient services.

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I have read the above Confidentiality Statement and agree to abide by all its requirements during my internship with Planned Parenthood of Indiana and Kentucky.

Signature

Printed Name

Date_____



Privacy Statement

As an employee, officer, volunteer or individual who is part of the workforce of PPINK, you may have access to Health Information. To ensure that Health Information is used and disclosed in compliance with the HIPAA Privacy Regulation and our Privacy Policies and Procedures, you are required to read and sign this document. This Statement, along with the Privacy Policies and Procedures, describe your duties and obligations with regard to Health Information. Full compliance with this PRIVACY STATEMENT and our Privacy Policies and Procedures is a condition of your employment or volunteering. A copy of your signed Statement will be kept on file.

A. Restrictions on the Use and Disclosure of Health Information

As a general matter, an individual's Health Information may not be used or disclosed without proper permission. The use and disclosure of Health Information is subject to the restrictions in the HIPAA Privacy Regulation and our Privacy Policies and Procedures. The use or disclosure of Health Information may be limited by Business Associate contracts between PPINK and third parties. The Privacy Regulation requires these contracts. Please refer to our Privacy Policies and Procedures or ask the Privacy Official for further guidance.

B. Penalties and Fines

Under HIPAA, penalties and fines may be imposed on anyone who improperly uses or discloses Health Information. In addition to penalties and fines, any improper use or disclosure of Health Information may subject an intern to disciplinary action up to and including termination.

C. Certification of Understanding and Compliance

I hereby certify that I have carefully read and understand this Privacy Statement and the Privacy Policies and Procedures and agree to abide by their provisions. All of my questions, if any, about these documents have been answered and copies have been made available to me. I agree to abide by all of the requirements and provisions set forth in this Statement and the Privacy Policies and Procedures.

Signature

Printed Name

Date _____



Conflict of Interest or Purpose

Interns whose actions are publicly identified as being against the mission and board-approved policies of PPINK, whether these actions are articulated in writing or expressed in public forums, shall be considered inappropriately employed and subject to termination of the relationship.

An Intern may not undertake or continue outside employment which, in the opinion of the supervisor and the vice president of the department, is detrimental to the performance of the intern's responsibilities at PPINK.

An intern who is currently employed elsewhere shall inform PPINK of that fact. If the concurrent employment constitutes a conflict of interest or the appearance of a conflict of interest, the supervisor shall so inform the employee. If a conflict of interest or an apparent conflict of interest exists, the intern relationship may be terminated.

No employees, interns, volunteers or family members may accept any gift or gratuity from any vendor, pharmaceutical firm or supplier or from any provider or potential provider of service to PPINK, other than unconditional gifts of nominal value (i.e., modestly priced meals or medical textbooks, or small items such as pens, calendars, or notepads). No gifts of cash or cash equivalents are permitted.

All interns are expected to deal with contractors, suppliers, clients, and all other persons doing business with PPINK in the best interest of PPINK without favor or preference based on personal opinion. No intern shall own any interest in any other business concern to the extent that it might tend to influence any decision that such intern might make with respect to PPINK. Employees should disclose any outside business interest that might be perceived as interfering with independent judgment.

Neither an intern nor a volunteer of PPINK may use his/her position with PPINK to further the manufacture, distribution, promotion or sale of any materials, products or services in which s/he has either a direct or indirect financial interest.

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I have read the above Conflict of Interest or Purpose Policy and agree to abide by all its requirements during my employment with Planned Parenthood of Indiana and Kentucky.

Signature

Printed Name



Date _____

Belief Statement

We Believe:

Sexuality is a natural, healthy, life-long part of being human.

Every individual has a right to pursue sexual health information and services without fear, shame, or exploitation. That right involves access to adequate, accurate, and age-appropriate information about sexuality, including the advantages and disadvantages of sexual expression.

All people, regardless of gender or sexual orientation, have rights that need to be respected and responsibilities that need to be exercised.

It is unacceptable to sexually pressure, force or exploit another person.

In a pluralistic society, we must respect diverse sexual attitudes and behaviors as long as they are based on ethics, responsibility, justice, equality and non-violence.

Information about becoming pregnant and about postponing, preventing, continuing or terminating a pregnancy should be easily available; the choice of whether or not to parent should be free and informed.

Every child deserves to be wanted, loved and cared for.

Abstaining from sexual intercourse is the most effective method of preventing pregnancy and sexually transmitted infections.

Young people explore their sexuality as part of a process of achieving sexual maturity; adolescents are capable of expressing their sexuality in healthy, responsible ways.

There are many healthy ways to express sexual feelings, alone or with a partner; sexual intercourse is only one form of sexual expression.

Uninformed or irresponsible sexual behavior poses risks.

Women, men, girls and boys benefit from fairness and flexibility in gender roles.

Individuals and society benefit when children are able to discuss sexuality and their parents and/or other trusted adults.

Individuals and society benefit when childbearing is postponed until maturity.

Please sign if you endorse these Planned Parenthood of Indiana and Kentucky statements of belief.



Signature

Date

Planned Parenthood of Indiana and Kentucky, Inc. Consent to Procure Background Check and Credit Report

I understand that, as a condition of my consideration for internship or as a condition of my continued internship with Planned Parenthood of Indiana and Kentucky, that Planned Parenthood of Indiana and Kentucky may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Planned Parenthood of Indiana and Kentucky's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, Planned Parenthood of Indiana and Kentucky will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for internship with Planned Parenthood of Indiana and Kentucky. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature of Intern Applicant

Date of Birth

Printed Name of Intern Applicant

Date