

## Applicant Information

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

**Seeking:** ( ) Temporary opportunities ( ) Ongoing opportunities ( ) One semester ( ) Unsure/ Not listed

Would you like to be added to our volunteer opportunities email list (1-2 emails per month)? ( ) YES ( ) NO

Would you like to be added to our PPNCNY mailing list for annual newsletters, appeals, etc.? ( ) YES ( ) NO

Would you like to be placed on the PP NOVA (Network of Volunteer Advocates) e-mail list? ( ) YES ( ) NO

Have you ever been convicted of a felony? ( ) YES ( ) NO

If yes, please explain: \_\_\_\_\_

## Education

**Please select one:**

( ) Current high school student

( ) High school graduate

( ) Current college student

( ) Undergraduate degree

( ) Graduate degree

( ) Other: \_\_\_\_\_

## Most Recent Employment

**Please check one:** ( ) Full-time ( ) Part-time ( ) Unemployed ( ) Retired ( ) No Prev. Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for leaving (if applicable): \_\_\_\_\_

## Personal/Professional References

*Please list two personal / professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ # of Years Acquainted: \_\_\_\_\_  
 \_\_\_\_\_ Permission to Contact: ( ) Yes ( ) No

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ # of Years Acquainted: \_\_\_\_\_  
 \_\_\_\_\_ Permission to Contact: ( ) Yes ( ) No

## Availability

*Please list what time you are available each day, in the table below. If you are not available, you may leave that day blank.*

Hours of Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

## Volunteer Opportunities

Please X all opportunities listed below that interest you. We will do our best to find the right position for you.

**( ) Public Relations/Marketing**

- Creating social media graphics
- Making Safe sex kits - distributing in the community
- Tabling events
- Letter writing (editors, legislators)
- Lobbying
- Hang posters around community

**( ) Education Services**

- Assistance with Health Center Advocacy Program (HCAP)
- Advocacy, Voter Registration, Educating health center clients.

**( ) Development**

- Assist with bulk mailing to donors
- Special event assistance
- Community outreach
- Assist with In Kind donations
- Event planning
- Volunteer program assistance
- Organizing SWAG/t-shirts

**( ) Patient Escort**

- Provide a peaceful and non-confrontational presence outside of the PPNCNY's clinics
- Welcome patients, staff, and visitors into the building
- Direct visitors to their destination quickly and efficiently

**( ) Finance**

- Assists with Accounts Payable tasks

**( ) Facilities**

- Outdoor clean-up
- Assist with cleaning
- Storage clean-out

**( ) Patient Services**

*If volunteer has direct patient contact, they must go through a "health screening" which can be completed by Director of Patient Services or the Quality Assurance Coordinator.*

- File and archive charts
- Fax documents
- Assist with Family Planning Benefit Program applications
- Assist with Presumptive Eligibility applications

**( ) Certified Rape Crisis Counselor -CRCC (Clinton, Essex & Franklin counties)**

- Provide emotional support to sexual assault victims through a 24/7 hotline
- \*Training provided by our Sexual Assault Services Program - serves ONLY Clinton, Essex and Franklin counties*

**General Questions**

Where did you hear about PPNCNY's volunteer program?

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Please tell us a little about yourself, including what strengths and skills may be utilized as a volunteer at PPNCNY?

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What are you most looking forward to doing/experiencing at PPNCNY?

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What do you hope to gain from your volunteer experience?

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Please tell us about any prior experience you may have, serving as a volunteer. What impact did it have on you?

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### Emergency Contact Information

In case of an emergency, who would you like us to contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternative Number: \_\_\_\_\_

### Disclaimer and Signature

**I certify that all information provided on this application is true and complete. I understand that volunteer opportunities at PPNCNY are filled based on need, dependent on location & applicant's hours of availability. Volunteer hours may be negotiated or terminated at any time, by either party, if deemed necessary.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return your completed application by mail or email to:

**Shelby Gonyo**

Donor Engagement Manager  
66 Brinkerhoff Street  
Plattsburgh, NY 12901

**shelby.gonyo@ppncny.org**

Thank you for your interest in volunteering at PPNCNY, Inc.

**For office use only**

Received:

Meeting date:

Meeting time: