

Planned Parenthood of Northern, Central,  
and Southern New Jersey

## Volunteer and Intern Interest and Acknowledgement Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Volunteer/Intern Position Interest: \_\_\_\_\_

Do you have any friends/family members who are employed or volunteer here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ ( \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_ cell )

### List your past volunteer experiences:

Organization: \_\_\_\_\_ Dates worked (Mo/Yr. to Mo./Yr.): \_\_\_\_\_

Duties: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates worked (Mo/Yr. to Mo./Yr.): \_\_\_\_\_

Duties: \_\_\_\_\_

### Please provide two non-family references (personal or professional) that we may *contact via e-mail*:

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

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

Town/City/Zip: \_\_\_\_\_ Town/City/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

### **AUTHORIZATION FOR BACKGROUND CHECK**

**(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)**

I, \_\_\_\_\_, hereby authorize Planned Parenthood of Northern, Central, and Southern New Jersey, Inc. ("PPNCSNJ") to investigate my background and qualifications for purposes of evaluating my volunteer application. I understand that PPNCSNJ will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application will not be processed further. I hereby waive any and all rights and claims I may have against PPNCSNJ as well as the outside firm(s) for seeking, gathering, and using such information in this process and all other persons, corporations or organizations for furnishing such information about me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name - Printed

Planned Parenthood of Northern, Central,  
and Southern New Jersey

As a volunteer/intern for PPNCASNJ, I agree to abide by all applicable policies and procedures of the organization. I understand that I am not entitled to nor should expect any present or future salary, wages, or other benefits for these voluntary services and that PPNCASNJ may end the volunteer term of service at any time and without prior warning for any reason. I understand that a criminal background check may be required.

I agree to follow the supervision and direction of any personnel, employee, or volunteer, to whom volunteer has been assigned to perform services, and to participate in any training required in order to perform the voluntary services.

I certify that my answers on this form are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my opportunity to volunteer unfavorably. I understand that any misrepresentation or omission of facts on this form could be cause for denial of the opportunity to volunteer or dismissal.

I agree to an interview with the on-site manager and on-site orientation to perform my volunteer role.

Volunteer/intern further agrees that volunteer/intern will fully cooperate with the PPNCASNJ in any investigation, lawsuit, arbitration, or any other legal or quasilegal proceedings that arise from the matters that s/he may witness.

Volunteer/intern further agrees to notify PPNCASNJ immediately of any incident that occurs or may occur within the knowledge of the volunteer/intern, which gives rise to liability on the part of the volunteer/intern.

I hereby Release and Waive liability against PPNCASNJ, a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for PPNCASNJ. Further, I agree that PPNCASNJ is not liable for any damage to my property resulting from volunteer work for PPNCASNJ. I agree that this release is as broad and inclusive as permitted by the laws of the State of New Jersey.

**Volunteer/Intern Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**TO BE COMPLETED BY VOLUNTEER/INTERN SUPERVISOR**

Department/Program: \_\_\_\_\_

Volunteer/intern assigned location: \_\_\_\_\_

Volunteer/intern term: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Print Name of Supervisor and Title: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_