



Planned Parenthood Hudson Peconic

**VOLUNTEER APPLICATION**

*Please print fully complete and send with a copy of your resume to:*

Planned Parenthood Hudson Peconic Corporate Headquarters  
4 Skyline Drive, Hawthorne, NY 10532  
P:(914) 467-7341/F:(914) 418-1022/email: [hrrecruiter@pphp.org](mailto:hrrecruiter@pphp.org)

**PERSONAL INFORMATION**

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

Address:

\_\_\_\_\_

Street

City/State

Zip

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

At which number do you prefer to receive calls? *(Please circle)*:      Day      Evening

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

**EMPLOYMENT INFORMATION**

Are you currently employed? *(Please circle)*      Yes      No

If yes, where are you employed and what is your position?

\_\_\_\_\_

Volunteer/Employment History (you may attach resume):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any previous work/volunteer experience with Planned Parenthood:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION / SKILLS AND INTERESTS**

**Education:** High School Graduate:

\_\_\_\_\_  
Undergraduate Degree(s):

\_\_\_\_\_  
Graduate Degree (s):

**Do you speak any foreign languages?** \_\_\_\_\_

**Please list any special skills you could bring to PPHP:**

\_\_\_\_\_  
\_\_\_\_\_

**Please indicate your area of interest:**

- |           |                          |                |                          |                |                          |                 |                          |               |                          |
|-----------|--------------------------|----------------|--------------------------|----------------|--------------------------|-----------------|--------------------------|---------------|--------------------------|
| Education | <input type="checkbox"/> | Public Affairs | <input type="checkbox"/> | Fund Raising   | <input type="checkbox"/> | Communications  | <input type="checkbox"/> | Health Center | <input type="checkbox"/> |
| Finance   | <input type="checkbox"/> | Development    | <input type="checkbox"/> | Administration | <input type="checkbox"/> | Human Resources | <input type="checkbox"/> |               |                          |

**Location Preference:** *(Check all that apply)*

- |  |                          |                   |                          |                  |                          |                  |                          |
|--|--------------------------|-------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|
| Hawthorne, NY<br>(Administrative office) | <input type="checkbox"/> | Mount Vernon, NY  | <input type="checkbox"/> | New Rochelle, NY | <input type="checkbox"/> | White Plains, NY | <input type="checkbox"/> |
| Yonkers, NY                              | <input type="checkbox"/> | Spring Valley, NY | <input type="checkbox"/> | Huntington, NY   | <input type="checkbox"/> | Patchogue, NY    | <input type="checkbox"/> |
| Riverhead, NY                            | <input type="checkbox"/> | Smithtown, NY     | <input type="checkbox"/> | West Islip, NY   | <input type="checkbox"/> |                  |                          |

**SCHEDULING**

**What frequency would you be available to volunteer:** *(please circle)*    Daily    Weekly    Monthly    Occasional

**Please check all times that you would be available:**

- |                  | <i>Monday</i>            | <i>Tuesday</i>           | <i>Wednesday</i>         | <i>Thursday</i>          | <i>Friday</i>            | <i>Saturday</i>          |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Morning</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Afternoon</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Evening</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Period of time you are able to commit:**

Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

**OTHER**

What is your motivation for wanting to volunteer with PPHP?

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**REFERENCES**

Name/Title	Address	Contact Number	Email

I certify that all information provided on this application is true and complete. I authorize PPHP to check the references I have listed and verify the information provided. I understand that falsification or significant omissions of any information may be considered justification for non-acceptance or dismissal if discovered at a later date. I shall not hold PPHP liable for any damages of any kind, known or unknown, related in any way to anything having to do with this Volunteer program. PPHP may terminate any volunteer position at any time.

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

**Parent/Guardian Signature if under 18:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Date received: \_\_\_\_\_ Date contacted: \_\_\_\_\_

HR Interview Date: \_\_\_\_\_ Name/Title of Interviewer: \_\_\_\_\_

Placement Interview Date: \_\_\_\_\_ Name/Title of Interviewer: \_\_\_\_\_

Assignment/Start Date: \_\_\_\_\_