OUR HISTORY

Planned Parenthood of Southern New England began as the Connecticut Birth Control League in 1923 with the support of a dedicated group of volunteers, and that tradition continues to thrive today. There are many ways that you can help PPSNE. Please take a moment to read and complete this application. Let us know how you would like to learn and grow with PPSNE!

OUR MISSION

The mission of Planned Parenthood of Southern New England is to protect the fundamental right of all individuals to manage their own fertility and sexual health, and to ensure access to the services, education, and information to realize that right.

OUR DIVERSITY

Our clients, staff members, volunteers, and students and residents represent the wide diversity of Connecticut and Rhode Island. We are committed to creating an environment that is welcoming and inclusive, nurturing the qualities that enable students and residents to be productive, valued and vital members of our organization.

OUR CORE VALUES

Quality..........................in every part of everything we do.
Partnership..........................working cooperatively as a team.
Integrity..........................the highest ethical and privacy standards.
Communication..........................open lines and open doors.
Customer Service..........................with excellence — every time.
APPLICANT INFORMATION

First Name: _______________ Mi: _____ Last Name: __________________________ Date: ________________

Address: ___________________________ City: __________ State: _____ Zip: ________________

If less than one year at above address, please indicate your previous address:
________________________________________________________________________________________

Phone: (Day) ______________________ (Evening) ______________________ (Cell) ______________________

Email: ______________________________

Social Security Number*: ________________________________

*To learn why this is needed, see CERTIFICATIONS & AGREEMENTS page.

Highest Degree Earned: _______________ School: __________________________ Year: __________

Where are you currently a student/resident? _________________________________________________

Do you speak Spanish? Yes _____ No _____ List other languages (specify) _______________________

Emergency Contact Full Name: ______________________________________________________________

Phone: (Day) ______________________ (Evening) ______________________ (Cell) ______________________

Please list all pertinent certifications for this position:

1) License/Certification: __________________________ Date Expired: __________ State: ______

2) License/Certification: __________________________ Date Expired: __________ State: ______

3) License/Certification: __________________________ Date Expired: __________ State: ______

4) License/Certification: __________________________ Date Expired: __________ State: ______

5) License/Certification: __________________________ Date Expired: __________ State: ______
Please fill out this section **only** if you are looking for an externship or need to fulfill requirements for clinical rotation. Include any supplemental materials indicating the course and/or program objectives with your completed application.

What academic institution are you enrolled in? ________________________________________________

Please list a faculty contact below:

Name: ___________________________ Position: ___________________________ Phone: __________________

Email: ________________________________________________

What are the course requirements for this externship/rotation? (you may add an attachment)

____________________________________________________________________________________

____________________________________________________________________________________

How many hours does your program require, and over what period of time? (please include when you need to start and finish)

____________________________________________________________________________________

____________________________________________________________________________________
Certifications and Agreements

- The information provided within this application and any attachments will be used to consider my qualifications to provide voluntary, unpaid services to Planned Parenthood of Southern New England, Inc. (PPSNE). I understand that completing this application does not guarantee that I will be offered a voluntary position with PPSNE.

- I hereby authorize Planned Parenthood of Southern New England, its subsidiaries and affiliates, employees and authorized representatives, to make inquiry of and request information from any individuals, present and former employers or volunteer supervisors, schools and colleges, credit institutions, criminal investigation bureaus, professional licensing organizations, and any of the entities that may possess information concerning me or that may be custodians of records relating to me. I also authorize the above-subscribed sources to release all information requested, and I hereby release those sources from any liability for doing so.

- I understand that with regard to investigative consumer credit reports, I have the right within a reasonable period of time, to request in writing the nature and scope of the investigation requested by PPSNE or its agents, along with a written summary of my rights under the Fair Credit Reporting Act.

- I certify that all statements made by me on this application and all related application documents are true, complete and correct to the best of my knowledge. I understand that any misleading or incorrect statements may be cause for denial or ending of my internship services and that PPSNE shall not be liable in any respect if my internship services are denied or ended because of false, misleading, or incorrect statements, answers, or omissions made by me on this application.

- I hereby release Planned Parenthood of Southern New England, Inc., its agents and representatives, from any and all claims related to the receipt or use of information in regard to my internship application.

- In the event that I enter into an internship service agreement with Planned Parenthood of Southern New England, I agree to comply with all its rules, regulations and directives. I understand that my internship services are for no stated term and are subject to the provisions within the PPSNE Internship Handbook.

Applicant Printed Name: __________________________________________

Applicant Signature: ___________________________________________ Date: __________________

All qualified candidates will be considered for placement without regard to race, creed, color, national origin, ancestry, sex, age, marital status, sexual orientation, veteran status or disability.

Please return this completed application to:

Planned Parenthood of Southern New England
Attn: Suzette Hull
345 Whitney Avenue
New Haven, CT 06511

or

Suzette.Hull@ppsne.org
(203) 865-5158

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Connect with Us

ppsn.org