



Planned Parenthood Hudson Peconic

**Volunteer Application Form**

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

Planned Parenthood Hudson Peconic  
570 Taxter Rd., Suite 250 Elmsford, NY 10523  
P: (631) 240-1133 /F: (914) 418-1026  
Email: [publicaffairs@pphp.org](mailto:publicaffairs@pphp.org)

**PERSONAL INFORMATION**

Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Circle Your Preferred Pronoun: She/Her/Hers / He/Him/His / They/Them/Theirs / No Preference  
Pronouns not listed \_\_\_\_\_

Address:

\_\_\_\_\_

Street	City/State	Zip
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Mobile #: \_\_\_\_\_

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:

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**EDUCATION / SKILLS AND INTERESTS**

**Education:** High School Graduate

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Undergraduate Degree(s):

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Graduate Degree(s):

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

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

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**Please indicate your area of interest:**

- Education       Public Affairs       Fundraising       Communications       Health Center
- Finance       Development       Administration       Human Resources

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

- Elmsford, NY       Mount Vernon, NY       New Rochelle, NY       White Plains, NY
- (Administrative office)
- Yonkers, NY       Spring Valley, NY       Huntington, NY       Patchogue, NY
- Riverhead, NY       Smithtown, NY       West Islip, NY

**SCHEDULING**

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

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

	<b><i>Monday</i></b>	<b><i>Tuesday</i></b>	<b><i>Wednesday</i></b>	<b><i>Thursday</i></b>	<b><i>Friday</i></b>
<b><i>Morning</i></b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Afternoon</i></b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OTHER**

**What is your motivation for wanting to volunteer with PPHP?**

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**REFERENCES**

<b>Name/Title</b>	<b>Address</b>	<b>Contact Number</b>	<b>Email</b>

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 Internship program. PPHP may terminate any internship position at any time.

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

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

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

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

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

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

HR Interview Date: \_\_\_\_\_

Name/Title of Interviewer: \_\_\_\_\_

Placement Interview Date: \_\_\_\_\_

Name/Title of Interviewer: \_\_\_\_\_

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