

Volunteer Application

Applicant Information

Name: _____ Date of birth: _____

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: _____ Email: _____

Preferred method of contact: _____ Available start date: _____

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 student (please check one): High school: _____ College: _____

() High school graduate Major: _____

() 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



Planned Parenthood
of the North Country New York, Inc.

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

- Tabling events
- Letter writing (editors, legislators)
- Lobbying
- Research school boards
- Phone banking
- Hang posters around community
- Maintain "Public Affairs" bulletin boards in clinics
- Visibility activities

() Education Services

- Assistance with Health Center Advocacy Program (HCAP)
 - o Advocacy, Voter Registration, Educating health center clients.
- Posting flyers at local businesses and on campuses regarding PPNCNY events

() Call Center

- Assist in billing mailings

() Development

- Special event assistance
- On-going activities
- Community outreach
- Assist with In Kind donations

() 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 snow removal
- Assist with cleaning
- Landfill run (when needed)
- 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 Quality Assurance
- Assist with Family Planning Benefit Program applications
- Assist with Presumptive Eligibility applications

() Certified Rape Crisis Counselor (CRCC)

- Provide emotional support to sexual assault victims through a 24/7 hotline
- *Optional:* Accompanying victims to hospitals, police stations, or any legal engagements

General Questions

Where did you hear about PPNCNY's volunteer program?

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

What do you hope to gain from your volunteer experience?

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

Emergency Contact Information

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

Name: _____ Relationship: _____

Phone number: _____ Alternate 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:

For Jefferson & Lewis Counties

Jayne McNeely

External Affairs Coordinator

1 Paddock Arcade #6

Watertown, NY 13601

For St. Lawrence & Franklin Counties

Audrey Hayes

External Affairs Coordinator

83 Main St

Canton, NY 13617

For Clinton & Essex Counties

Shelby Gonyo

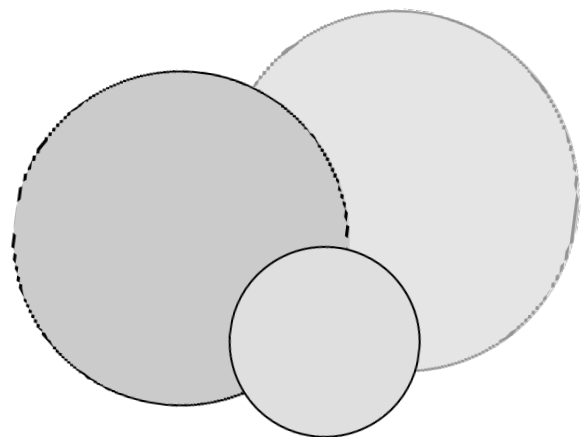
External Affairs Coordinator

66 Brinkerhoff Street

Plattsburgh, NY 12901

Or email copy to:

volunteer@ppncny.org



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

For office use only

Received: _____

Meeting date: _____

Meeting time: _____