



Planned Parenthood Hudson Peconic

**ACADEMIC INTERNSHIP APPLICATION**

*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  
A pronoun not listed \_\_\_\_\_

Address:

\_\_\_\_\_

Street

City/State

Zip

Mobile #: \_\_\_\_\_

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

**EDUCATION**

Current Education:

School or University Name and Address: \_\_\_\_\_

Major/Area of Study: \_\_\_\_\_

What year are you in? \_\_\_\_\_

GPA: \_\_\_\_\_

Expected Graduation Date (Month/Year): \_\_\_\_\_

Please list your past education:

Name of School or University	Address	Major/Area of Study	Dates Attended	Degree

Please describe any requirements of your school's internship program (if applicable):

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Previous internships or other related experience (please attach resume):

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

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Please indicate your area of interest:

- |           |                          |                |                          |                |                          |                 |                          |               |                          |
|-----------|--------------------------|----------------|--------------------------|----------------|--------------------------|-----------------|--------------------------|---------------|--------------------------|
| Education | <input type="checkbox"/> | Public Affairs | <input type="checkbox"/> | Fundraising    | <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)

- |   |                          |                   |                          |                  |                          |                  |                          |
|---|--------------------------|-------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|
| Elmsford, 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 intern: (please circle)    Daily    Weekly    Monthly

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>Morning</i>   | <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"/> |

**OTHER**

What is your motivation for wanting to intern with PPHP?

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**REFERENCES**

Please list at least two academic 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 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: \_\_\_\_\_