

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

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

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

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
(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?

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: _____