

## VOLUNTEER APPLICATION

*As part of our Planned Parenthood volunteer team you can become part of something you believe in. The information on this form will help us find the most satisfying and appropriate service for you.*

---

### CONTACT INFORMATION

Name: \_\_\_\_\_  
First Middle Last

Permanent Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mobile  Home  Work

Best way to contact you?  Phone  Email

Pronouns: \_\_\_\_\_

Are you over 18?  Yes  No if under 18, what is your date of birth? \_\_\_\_\_ T-shirt size: \_\_\_\_\_

#### In case of an emergency, we may contact the following individual

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

---

### EMPLOYMENT-VOLUNTEER EXPERIENCE-BACKGROUND

Full-time  Part-time  Retired  Not currently employed

If applicable, please state the name of your most recent employer and position below:

List current or previous volunteer and/or relevant work experience:



Planned Parenthood California Central Coast

Current school: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

**SKILLS, INTEREST & AVAILABILITY**

Skills—please check all of your skills you would like to use as a volunteer:

- Organizational skills
- Clerical skills
- Data Entry
- Graphic Design
- Accounting
- Marketing
- Research
- Writing
- Editing
- Event Planning
- Fundraising
- Translating
- Lobbying for Issues
- Public Speaking
- Grassroots Organizing
- Other (describe in space below):

Is there other language/s you are **fluent**? \_\_\_\_\_

Special skills or certifications: \_\_\_\_\_

**Please indicate the type(s) of volunteer activities that interest you:**

*(Volunteer opportunities/activities varies by region and availability)*

- Administrative/Clerical Assistance    Fundraising Events    Young Advocates Events (ages 22-45)
- Health Center Advocacy Program    Database Entry    Walks/Marches/Rallies
- Phone Banking    Tabling at Community Events    Patient Greeter

**Length of Commitment:**

- On-call needed for projects
- Community services hours

How long of a commitment can you make?  3 months  6 months  1 year  other: \_\_\_\_\_

Approximately how many hours can you volunteer? \_\_\_\_\_ per week or \_\_\_\_\_ per month other: \_\_\_\_\_

Best availability:  Weekday mornings/afternoons    Weekday evenings    Weekends mornings/afternoons

**Select a city or cities where you are willing to help:**

- San Luis Obispo    Santa Maria    Santa Barbara    Ventura    Thousand Oaks



Planned Parenthood California Central Coast

Are you seeking volunteer hours for school credit?  Yes  No If yes, how many hours are needed? \_\_\_\_\_

---

**1. What do you know about Planned Parenthood and the services we provide?**

**2. Why do you want to volunteer for PPCCC?**

**3. As a volunteer, what are *your* expectations?**

---

### REFERENCES

Please list three references. Two people should be able to speak to your professional/academic/volunteering background. One may be a personal reference.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_



Planned Parenthood California Central Coast

**Please initial the following.**

\_\_\_\_ I hereby grant Planned Parenthood California Central Coast to contact the names referenced.

\_\_\_\_ I understand that some volunteer positions at Planned Parenthood California Central Coast may require a background check.

**Please read the following statements carefully and initial each paragraph before signing below.**

\_\_\_\_ I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever.

\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview(s) which may be granted, is intended to create a volunteer contract between me and Planned Parenthood California Central Coast.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If you are under 18, please have your parent or guardian complete this section.**

Parent/Guardian Consent Form:

I hereby allow my child/minor, for whom I am the guardian, to participate in Planned Parenthood California Central Coast's Volunteer Program. I understand that his/her/their services are being offered on a voluntary basis without anticipation of financial remuneration and I shall indemnify and hold Planned Parenthood California Central Coast form and against all consent to emergency medical treatment for my child and will assume all medical cost.

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this complete application to:**

PPCCC  
518 Garden St.  
Santa Barbara, CA 93101

By Email: [volunteers@ppcentralcoast.org](mailto:volunteers@ppcentralcoast.org)  
By Fax: 805-965-2292