



Upper Hudson Planned Parenthood

**Please return to:**

**UHPP  
855 Central Avenue  
Albany, NY 12206**

# Internship Application

## Personal Information

Name \_\_\_\_\_ D.O.B \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_  
\_\_\_\_\_

## Education and Training

**List high school, college, and any additional training:**

School	Dates	Address	Degree/Certificates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently enrolled in a college or university? YES NO

If so, where? \_\_\_\_\_  
\_\_\_\_\_

Do you attend FULL TIME PART TIME N/A

Academic Major/Area of study \_\_\_\_\_

Through which office or department will you receive credit for this internship?  
\_\_\_\_\_

Do you have reliable transportation for getting to your internship?                      YES                      NO

**Relevant Experience**

List any relevant experience (paid, volunteer, coursework):

Agency	Dates	Duties/Courses

Are you currently employed?                      YES                      NO

If so, where? \_\_\_\_\_

Do you work                      FULL TIME                      PART TIME

May we call you at work?                      YES                      NO

Work Phone: \_\_\_\_\_

**Special Skills**

List any special skills you think might be helpful to UHPP (computer, languages, equipment):

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**References (three from professors/teachers or employers/supervisors)**

Name	Address	Phone	Email	Relationship

**Criminal Background**

Have you ever been convicted of a misdemeanor?                      YES                      NO

Have you ever been convicted of a felony?                      YES                      NO

If yes, please explain:

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*UHPP reserves the right to conduct criminal background checks on all applicants. Conviction of a crime does not necessarily preclude you from becoming a intern at UHPP.*

**Referral Source**

**How did you find out about volunteering at UHPP?**

- School/College                       Family/Friend                       Beanstalk.com  
 UHPP website                       UHPP Staff member                       Other:
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**Internship Requirements and Preferences**

**Dates of Internship:** Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ and Ending  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Hours Requested/Required:** Weekly \_\_\_\_\_ Total \_\_\_\_\_

**Availability (please check all that apply):**

Days available:

- Monday                      Hours: \_\_\_\_ to \_\_\_\_                       Thursday                      Hours: \_\_\_\_  
to \_\_\_\_  
 Tuesday                      Hours: \_\_\_\_ to \_\_\_\_                       Friday                      Hours: \_\_\_\_  
to \_\_\_\_  
 Wednesday                      Hours: \_\_\_\_ to \_\_\_\_

**Department Preference:**

- Health Education     Public Affairs-Advocacy     Public Relations     Community  
Outreach  
 Computer Design     Grassroots Campus Organizing

**Applicant Statement**

**Why did you decide to apply for an internship at Planned Parenthood?**

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*I certify that all information provided in this volunteer application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteering and may justify my dismissal if discovered at a later date.*

\_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE**