

VOLUNTEER/INTERN APPLICATION

Thank you for your interest in volunteering with PPMM. To facilitate placement, please complete all sections of this application and be sure to type or print clearly. After we receive your application we will contact you to discuss the next steps.

Name (First) _____ (Middle) _____ (Last) _____ Date _____

Street Address _____ City _____ State _____ Zip Code _____

Phone with area code (day) _____ (cell/other) _____ Email _____

Best way to contact you? ☐ Day # ☐ Cell/other ☐ Email

Please check here if you are under 18 years of age ☐

If you are a minor, PPMM encourages you to discuss with your parent or guardian your intent to volunteer for PPMM.

TYPE OF COMMITMENT: ☐ VOLUNTEER ☐ INTERNSHIP ☐ EXTERNSHIP

LENGTH OF COMMITMENT:

☐ On call as needed for projects ☐ Community Service Hours – Total hours needed: _____
☐ _____ Hours per week for _____ months ☐ Internship/Externship Hours – Total hours needed: _____

Please Indicate Days and Times of Availability

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

EDUCATION

☐ High School Graduate ☐ College Graduate ☐ Graduate School ☐ Current Student
 School _____ Major/emphasis _____

EMPLOYMENT

☐ Full-time ☐ Part-time ☐ Retired ☐ Not currently employed
 Name of Employer _____ Position _____

Have you been convicted of a felony in the past 5 years? Y/N If yes, please explain.

PREVIOUS VOLUNTEER EXPERIENCE (list agency, task, and length of service)

INTERNS/EXTERNS: If applicable, describe any credit/program requirements from your school or training program. Indicate the total number hours you need to complete as well as start/end dates. Attach any additional relevant internship information.

Please Mark Your Areas of Interest:

Note: Opportunities vary by site. Some opportunities may not be available at the location(s) nearest you.

Opportunities in Regional Administrative Offices:

- ☐ **General Administrative/Office Support**– clerical work, data entry, mailings, filing, research, etc. (Opportunities in our IT and Marketing departments may be available in the San Jose regional office).
- ☐ **Development**– Fundraising campaigns, special events, prospect research, data entry
- ☐ **Public Affairs/Advocacy**– community outreach, grassroots organizing, letter writing, lobbying, legislative tracking
- ☐ **Education/Outreach**– community presentations, research, administrative support, outreach, health fairs, childcare
- ☐ **Billing/ Accounting**– data entry, filing, etc.
- ☐ **Other (please describe)** _____

Review locations on the last page of this application and list the *regional office nearest you*:

Opportunities in Health Centers:

- ☐ **Health Center Escort**– Greet health center clients, ensure that clients and staff can safely and calmly access and exit health centers when anti-choice protesters are present.
- ☐ **Health Center Services**– health center office support, client check-in, client surveys, and support health center staff in designated tasks as needed.

Review locations on the last page of this application and list up to 3 *health center site preferences*:

Please answer the following question – attach additional paper if necessary.

1. Why are you interested in volunteering for Planned Parenthood Mar Monte?

Please check the skills you would like to use as a volunteer:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Organizational Skills | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Lobbying for Issues | <input type="checkbox"/> Public Speaking/Outreach |
| <input type="checkbox"/> Data Entry/Word Processing | <input type="checkbox"/> Research | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grassroots Organizing |
| <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Bilingual (language) _____ | | |
| <input type="checkbox"/> Other _____ | | | |

SPECIALIZED CLINICAL SKILLS

☐ **Student**

☐ **Licensed**

- | | |
|--|---|
| <input type="checkbox"/> Medical Administrative Assistant (front office) | <input type="checkbox"/> Clinical Medical Assistant (back office) |
| <input type="checkbox"/> EMT <input type="checkbox"/> RN <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Physician <input type="checkbox"/> Other _____ |

Training/Experience In:

(Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Client check-in | <input type="checkbox"/> Medical billing/coding | <input type="checkbox"/> Exam room setup/cleanup |
| <input type="checkbox"/> Taking vital signs | <input type="checkbox"/> Phlebotomy | <input type="checkbox"/> Referral follow-up |
| <input type="checkbox"/> Taking patient history | <input type="checkbox"/> Venipuncture | <input type="checkbox"/> Insurance/Medi-cal verification |
| <input type="checkbox"/> Chart preparation | <input type="checkbox"/> Lab tests | |
| <input type="checkbox"/> Other _____ | | |

Please provide 3 professional references (co-workers, teachers, supervisors, etc. – **NOT** friends or family members).

Name: _____

Phone: _____ Email: _____

Relationship: _____ How long have you known this person? _____

Name: _____

Phone: _____ Email: _____

Relationship: _____ How long have you known this person? _____

Name: _____

Phone: _____ Email: _____

Relationship: _____ How long have you known this person? _____

EMERGENCY CONTACT INFORMATION:

Please indicate the name, telephone number and relationship of two people to contact in case of emergency.

PPMM CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT (please read this statement thoroughly)

I am aware and acknowledge that the work that I am performing for PPMM is confidential and that it may involve trade secrets, confidential and proprietary information, patient and/or donor data, and other information belonging to PPMM (“PPMM Confidential Information”).

I agree and promise that at all times I will hold in strictest confidence, and not utilize in any manner except for the benefit of PPMM, nor disclose to any person except authorized employees or representatives of PPMM, any PPMM Confidential Information which I learn or obtain during or as a result of my volunteer work on behalf of PPMM.

I further agree that I will not remove any documents, property or other materials (“PPMM Property”) from the premises of PPMM unless directed to do so by an authorized staff member of PPMM and I agree not to reveal or disclose to any unauthorized person the contents of PPMM Property. I also agree that I will not make or retain any copies of any PPMM Property unless directed to do so by an authorized staff member or representative of PPMM. This agreement and my consent to abide by it shall continue in full force and effect even after I am no longer volunteering with PPMM.

Signature

Date

Planned Parenthood Mar Monte sends updates and action alerts via email that allow volunteers to stay informed about news, events and involvement opportunities. **Planned Parenthood Advocates Mar Monte**, our electoral arm, sends out periodic legislative updates with advocacy opportunities and election information.

☐ **Yes!** Please sign me up to receive email communication from Planned Parenthood Mar Monte and Planned Parenthood Advocates Mar Monte.

Thank you for your interest in volunteering with Planned Parenthood Mar Monte!

To apply for a volunteer position please complete the following steps:

Please note the screening process may take up to 3 weeks to complete.

- Return the completed Volunteer/Intern Application
 - ✓ Please notify your professional references to verify contact information and let them know to expect a call from PPMM
- Complete a phone interview with the Volunteer Program Coordinator
- Review the Volunteer Orientation email and submit the required forms
 - Legal Compliance form
 - Background Check forms – if applicable
 - Proof of clear TB Test & Rubella immunity (if volunteering in a health center)
- Depending on the volunteer position, once a volunteer placement is confirmed, an in person interview and/or background check may be conducted
- Agree to a minimum 100 hour time commitment (if volunteering in a health center) or commit to the internship length of time required by your academic institution
- Sign up for required orientation and trainings as needed
- Begin to volunteer!*

** If you meet all requirements and a volunteer position is not currently available, you may be added to a waitlist. Please contact the volunteer coordinator in your region with any questions.*

VOLUNTEER APPLICATION CERTIFICATION RELEASE

I hereby certify that the proceeding information, the information on any resume I have submitted, and the information supplied during the interview process is true, correct, and complete to the best of my knowledge. I understand that false information or omissions on the application, resume, and/or during the interview process may disqualify me from further consideration as a volunteer or be grounds for immediate termination of my volunteer placement. I authorize Planned Parenthood Mar Monte (PPMM) to complete a thorough investigation of all information contained on this application, including but not limited to my prior employment, conviction history, and educational background, and agree to cooperate in such an investigation. Also, I hereby release from all liability and responsibility all persons or corporations requesting or supplying such information. Such investigation may include PPMM's search of public record information. I understand that I may waive my right to receive a copy of any public record information obtained by PPMM about me (check the checkbox below). I understand that if offered a volunteer position, my volunteer relationship with PPMM can be terminated by either PPMM or me at any time for any reason.

I voluntarily grant the above release. I agree that if I am placed as a volunteer, I will abide by all the rules and regulations of Planned Parenthood Mar Monte.

☐ I hereby waive my right to receive a copy of any public record information obtained by PPMM about me for volunteer placement purposes.

Signature

Date

Please return your completed application to the volunteer contact in your region (see below).

Once your application is reviewed you will be contacted to discuss next steps. Thank you!

PPMM LOCATIONS AND VOLUNTEER SERVICES CONTACT INFORMATION:

REGIONAL VOLUNTEER CONTACT INFORMATION	HEALTH CENTER SITES & REGIONAL OFFICE LOCATIONS
<p>VOLUNTEER CONTACT 1605 The Alameda San Jose, CA 95126 Ph: 408-795-3753/Fax: 408-297-9256</p> <p>For San Jose area email: sjvolunteer@ppmarmonte.org</p> <p>For Alameda area email: alamedavol@ppmarmonte.org</p> <p>For San Mateo area email: sanmateovol@ppmarmonte.org</p> <p>For Monterey/Salinas area email: montereyvol@ppmarmonte.org</p> <p>For Santa Cruz area email: santacruzvol@ppmarmonte.org</p>	<p>San Jose Regional Office – 1605 The Alameda, San Jose, CA 95126 Eastside – 3131 Alum Rock Avenue, San Jose, CA 95127 Blossom Hill – 5440 Thornwood Drive, Suite G, San Jose, CA 95123 The Alameda – 1691 The Alameda, San Jose, CA 95126 Mar Monte Community Clinic – 2470 Alvin Avenue, Suite 60, San Jose, CA 95121 Foothill Community College – 12345 El Monte Road, Los Altos Hills, CA 94022 Mountain View – 225 San Antonio Road, Mountain View, CA 94040 Sunnyvale – 604 E. Evelyn Avenue, Sunnyvale, CA 94086 San Mateo – 35 Baywood Avenue, San Mateo, CA 94402 Central Hayward – 1866 B Street, Hayward, CA 94541 San Benito – 390 7th Street, Hollister, CA 95023 Gilroy – 760 Renz Lane, Gilroy, CA 95020</p> <p>Salinas Regional Office – 316 North Main Street, Suite 100, Salinas, CA 93901 Salinas – 316 N. Main Street, Salinas, CA 93901 Seaside – 625 Hilby Avenue, Seaside, CA 93955</p> <p>Santa Cruz Regional Office – 1119 Pacific Avenue, Suite 210, Santa Cruz, CA 95060 Westside – 1119 Pacific Avenue, Suite 200, Santa Cruz, CA 95060 Watsonville – 398 Green Valley Road, Watsonville, CA 95076</p>
<p>VOLUNTEER CONTACT 633 N. Van Ness Fresno, CA 93728 Ph: 559-441-2741/Fax: 559-488-4940 fresnovol@ppmarmonte.org</p>	<p>Fresno Regional Office – 633 N Van Ness, Fresno, CA 93728 Family First – 6095 N. 1st Street, Fresno, CA 93710 Fulton Street – 650 N. Fulton Street, Fresno, CA 93728 Bakersfield – 2535 16th Street, Suite 100, Bakersfield, CA 93301 Merced (Health Center and Education) – 3166 Collins Drive, Merced, CA 95348 Madera – 500 E. Almond, Suite 1, Madera, CA 93637</p>
<p>VOLUNTEER CONTACT 455 W. 5th Street Reno, NV 89503 Ph: 408-795-3764/Fax: 408-297-9256 renovol@ppmarmonte.org</p>	<p>Reno Regional Office – 455 W. 5th Street, Reno, CA 89503 Fifth Street – 455 W. 5th Street, Reno, NV 89503 Carson City – 1201 N. Stewart St, Ste. 120, Carson City, NV 89701</p>
<p>VOLUNTEER CONTACT 201 29th Street Suite A Sacramento, CA 95816 Ph: 916-325-1736/Fax: 916-446-2994</p> <p>For Sacramento area email: sacramentovol@ppmarmonte.org</p> <p>For Stockton area email: stocktonvol@ppmarmonte.org</p>	<p>Sacramento Regional Office – 201 29th Street, Suite A, Sacramento, CA 95816 Capitol Plaza – 1125 10th Street, Sacramento, CA 95814 Fruitridge – 5385 Franklin Blvd., Suites A-D, Sacramento, CA 95820 B Street – 201 29th Street, Suite B, Sacramento, CA 95816 North Highlands – 5700 Watt Avenue, North Highlands, CA 95660 Roseville – 729 Sunrise Blvd., Suite 900, Roseville, CA 95661 Woodland – 520 Cottonwood Street, Suite 10, Woodland, CA 95695 Yuba City – 430 Palora Avenue, Suite G, Yuba City, CA 95991</p> <p>Stockton Regional Office – 4555 Precissi Lane, Stockton, CA 95207 North Stockton – 4555 Precissi Lane, Stockton, CA 95207 Eastland Plaza – 678 N. Wilson Way, Suite G, Stockton, CA 95205 Manteca – 965 E. Yosemite Avenue, Suite 2, Manteca, CA 95336 Modesto – 1431 McHenry, Suite 100, Modesto, CA 95350 Tracy – 1441 N. Tracy Boulevard, Tracy, CA 95376</p>