



Planned Parenthood Hudson Peconic

VOLUNTEER / INTERNSHIP APPLICATION

Please print and completely fill out this form along with a copy of your resume and return it to:

In Westchester, Rockland, Putnam, and Suffolk Counties:
Volunteer Department
Planned Parenthood Hudson Peconic
4 Skyline Drive
Hawthorne, NY 10532
P:(914) 467-7341

PERSONAL INFORMATION

Name: _____

Address: _____
Street City/State Zip

Telephone: Day _____ Evening _____

At which number do you prefer to receive calls? (Please circle): Day Evening

Email Address: _____

EMPLOYMENT / SCHOOL INFORMATION

Are you currently employed? (Please circle) Yes No

If yes, where are you employed and what is your position?

Employment History:

Is this an internship application? (Please circle) Yes No

If yes, where are you enrolled in school?

Please list any previous volunteer experience:

Please list any previous work experience with Planned Parenthood:

EDUCATION / SKILLS AND INTERESTS

Education: High School Graduate:

Undergraduate Degree(s):

Graduate Degree (s):

Do you speak any foreign languages?

Please list any special skills you could bring to PPHP:

Please indicate your area of interest:

- Education Public Affairs Fund Raising Communications Medical Services
 Finance Development Administration Human Resources

Do you have a community preference? If so, where would you like to be placed?

SCHEDULING

Do you prefer to volunteer/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>Saturday</i>	<i>Sunday</i>
<i>Morning</i>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Evening</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Period of time you are able to commit:

Daily _____

Weekly _____

Monthly _____

OTHER

How did you become interested in volunteering/interning for PPHP?

Why do you want to volunteer/intern for PPHP?

REFERENCES

Name/Title	Address	Telephone/Fax No.	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 Volunteer / Internship program. PPHP may terminate any volunteer position at any time.

Signature: _____ **Date:** _____

Parental /Guardian Signature if under 18: _____ **Date:** _____

Date received: _____ Date contacted: _____ Date Interviewed: _____

Interviewed by: _____ Assignment: _____