

Volunteer/Intern Application

Date _____

PERSONAL INFORMATION

Name		Pronouns	
Address		Birthday (month and day only)	
City		State	Zip
Cell Phone	Home Phone	<u>RESTORE volunteer applicants only</u> Social Security number (last 4 digits)	
Email Address			
How/where did you learn about this volunteer opportunity (please be specific):			

EDUCATION

School	Area of Study	Years Completed	Degree

EMPLOYMENT EXPERIENCE (may also include volunteer experience)

Name of Employer or Organization	Position	Dates

VOLUNTEER EXPERIENCE (or other skills you can share, language fluency, etc.)

TRANSPORTATION

Form of transportation used:	License Plate Number
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INTEREST AREA

What are you most interested in "doing" as a volunteer for Planned Parenthood?

WHAT POSITION ARE YOU SEEKING?

Volunteer Position:	Internship:				
Location Preference:					
Please indicate the days you prefer to volunteer:					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Desired Start Date:					

STATEMENT OF MOTIVATION

Why do you want to volunteer at Planned Parenthood?

REFERENCES (Please list three individuals that we may contact as a professional or character reference for you)

Name	Relationship
Email	Phone Number
Name	Relationship
Email	Phone Number
Name	Relationship
Email	Phone Number

EMERGENCY CONTACTS (Please list two individuals that we may contact in the event of an emergency)

Name	Relationship	Phone Number
Name	Relationship	Phone Number

SIGNATURE

All of the information provided in this application is true and correct. If requested, I give Planned Parenthood permission to check my references. I affirm that I support Planned Parenthood's mission and policies.	
Signature	Date

<p>Please return this application to: Volunteer Program Manager Planned Parenthood of Central and Western New York 114 University Avenue, Rochester, NY 14605 volunteer@ppcwny.org</p>
