



Planned Parenthood Hudson Peconic

Volunteer Application Form

Please complete fully and send with a copy of your resume to:

Planned Parenthood Hudson Peconic
570 Taxter Rd., Suite 250 Elmsford, NY 10523
P: (631) 240-1133 /F: (914) 418-1026
Email: advocacy@pphp.org

PERSONAL INFORMATION

Legal Name: _____ Preferred Name: _____

Circle Your Preferred Pronoun: She/Her/Hers / He/Him/His / They/Them/Theirs / No Preference
Pronouns not listed _____

Address:

Street	City/State	Zip
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Mobile #: _____

Email Address: _____

EMPLOYMENT INFORMATION

Are you currently employed? (please circle) Yes No

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

Volunteer/Employment History (you may attach resume):

Please list any previous work/volunteer experience with Planned Parenthood:

EDUCATION / SKILLS AND INTERESTS

Education: High School Graduate

Undergraduate Degree(s):

Graduate Degree(s):

Do you speak any foreign language? _____

Please list any special skills you could bring to PPHP:

Please indicate your area of interest:

- | | | | | | | | | | |
|-----------|--------------------------|---------------------------------------|--------------------------|----------------|--------------------------|--------------------|--------------------------|---------------|--------------------------|
| Education | <input type="checkbox"/> | Advocacy &
Government
Relations | <input type="checkbox"/> | Fundraising | <input type="checkbox"/> | Communications | <input type="checkbox"/> | Health Center | <input type="checkbox"/> |
| Finance | <input type="checkbox"/> | Development | <input type="checkbox"/> | Administration | <input type="checkbox"/> | Human
Resources | <input type="checkbox"/> | | |

Location Preference: *(Check all that apply)*

- | | | | | | | | |
|---|--------------------------|-------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|
| Elmsford, NY
(Administrative office) | <input type="checkbox"/> | Mount Vernon, NY | <input type="checkbox"/> | New Rochelle, NY | <input type="checkbox"/> | White Plains, NY | <input type="checkbox"/> |
| Yonkers, NY | <input type="checkbox"/> | Spring Valley, NY | <input type="checkbox"/> | Huntington, NY | <input type="checkbox"/> | Patchogue, NY | <input type="checkbox"/> |
| Riverhead, NY | <input type="checkbox"/> | Smithtown, NY | <input type="checkbox"/> | West Islip, NY | <input type="checkbox"/> | | |

SCHEDULING

What frequency would you be available to 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>Morning</i> | <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"/> |

OTHER

What is your motivation for wanting to volunteer with PPHP?

REFERENCES

Name/Title	Address	Contact Number	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 Internship program. PPHP may terminate any internship position at any time.

Signature: _____

Date: _____

Parent/Guardian Signature if under 18: _____

Date: _____

Date received: _____

Date contacted: _____

HR Interview Date: _____

Name/Title of Interviewer: _____

Placement Interview Date: _____

Name/Title of Interviewer: _____

Assignment/Start Date: _____