



Reasons for wanting to volunteer/intern at PPM: \_\_\_\_\_

What work, school and life experiences do you believe will help us place you in a volunteer/internship position? \_\_\_\_\_

Are you fluent in languages other than English, including American Sign Language? Please list \_\_\_\_\_

Have you volunteered for Planned Parenthood in the past?  Yes  No

If yes, which affiliate? \_\_\_\_\_ Approximate dates \_\_\_\_\_

What duties did you perform? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If so, what was the charge? \_\_\_\_\_

**AVAILABILITY AND INTEREST**

I am available to volunteer from (mm/dd/yy) \_\_\_\_\_ to (mm/dd/yy) \_\_\_\_\_ .

Approximately how many hours per week are you available to volunteer with PPM? \_\_\_\_\_

*Please check all times that you may be available to volunteer for PPM.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Holidays
9am-1pm								
1pm-5pm								
5pm-9pm								

Additional information regarding your availability: \_\_\_\_\_

PPM offers a variety of volunteer opportunities. Please check all of those that interest you. (Please note that not all PPM locations offer every opportunity listed below.)

**CLINICAL SERVICES (may include):**

- Providing patient care (appropriate credentials required)
- Counseling patients on various topics
- Assisting during surgery or in recovery room
- Preparing exam rooms for use
- Offering health center staff support
- Providing bilingual translations for health center patients

**EDUCATION & TRAINING (may include):**

- Representing PPM at community events (e.g., health fairs)
- Teaching contraception in high schools as a member of our Speakers' Bureau
- Joining our Peer Education team
- Assisting with outreach to minority and non-English speaking communities
- Creating educational materials

**PUBLIC AFFAIRS & ADVOCACY (may include):**

- Visiting legislators and/or lobbying
- Writing letters to elected officials, other public policy makers, and newspaper editors

- Participating in phone banks or canvassing
- Coordinating "Students for Choice" groups and activities

**SPECIAL EVENTS & FUNDRAISING (may include):**

- Providing clerical support (filing, phone calls)
- Assisting with event planning and logistics
- Selling tickets/obtaining sponsorships to events
- Asking for donations (individual gifts solicitations) – training available
- Becoming involved with Young Professionals Group

**MISCELLANEOUS (may include):**

- Providing clerical support for departments
- Providing database maintenance
- Making phone calls for various departments
- Graphic design assistance
- Maintaining the PPM website
- Assisting with conference planning & logistics
- Conducting research via the Internet & other sources

**PPM serves the state of Maryland through eight health centers, with our headquarters office located in Baltimore. Please check all locations for which you are interested in providing service:**

- |  |   |
|--|---|
| <input type="checkbox"/> Administrative Offices, 330 N. Howard St, Baltimore | <input type="checkbox"/> Frederick, 1560 Opossumtown Pike   |
| <input type="checkbox"/> Annapolis, 929 West St.                             | <input type="checkbox"/> Owings Mills, 9129 Reisterstown Rd |
| <input type="checkbox"/> Baltimore City, 330 N. Howard St.                   | <input type="checkbox"/> Salisbury, 1506 S. Salisbury Blvd. |
| <input type="checkbox"/> Easton, 8579 Commerce Drive                         | <input type="checkbox"/> Towson, 1714 Joan Ave.             |
|  | <input type="checkbox"/> Waldorf, 3975 St. Charles Parkway  |

**EXPERIENCE**

Please begin with your most recent position and include any job-related volunteer or military assignments. You may exclude organizations that indicate race, religion, gender, national origin, handicap, or other protected status.

I. Organization Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Position held \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact for a reference check?  Yes  No

II. Organization Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Position held \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact for a reference check?  Yes  No

III. Organization Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Position held \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact for a reference check?  Yes  No

**EDUCATION AND SKILLS**

Please respond for each level of education you have completed.

High school/GED \_\_\_\_\_

Major (if applicable) \_\_\_\_\_ Date of Completion \_\_\_\_\_

College \_\_\_\_\_

Major \_\_\_\_\_ Degree \_\_\_\_\_ Date of Completion \_\_\_\_\_

Graduate School \_\_\_\_\_

Degree \_\_\_\_\_ Concentration (if applicable) \_\_\_\_\_ Date of Completion \_\_\_\_\_

Business/Vocational School \_\_\_\_\_

Major \_\_\_\_\_ Degree \_\_\_\_\_ Date of Completion \_\_\_\_\_

**LICENSING**

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

*If you will drive as a part of your volunteer service, you must first provide a photocopy of your valid driver's license and insurance verification. Please note that PPM does not maintain liability insurance off premises, or cover any additional passengers in the vehicle.*

If you are licensed to practice a profession, please list credential(s) with expiration date(s). You may be asked to complete a credentialing packet provided by the PPM Clinical Services Department.

**ADDITIONAL REFERENCES**

PPM conducts an extensive reference check on all volunteer applicants. Use this space for any additional references we should contact, particularly if you do not have any work-related references. You may want to include instructors, counselors, advisors, co-workers, and leaders of civic or professional groups. Please do not include relatives.

I. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Complete mailing address \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Evening phone number \_\_\_\_\_

Email Address: \_\_\_\_\_

II. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Complete mailing address \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Evening phone number \_\_\_\_\_

Email Address: \_\_\_\_\_

III. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Complete mailing address \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Evening phone number \_\_\_\_\_

Email Address: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

In case of an emergency, whom should we contact?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Evening phone number \_\_\_\_\_

## VOLUNTEER COMMITMENT

Please read carefully, sign, and date below.

- I certify that the information given herein is accurate and complete to the best of my knowledge.
- I authorize Planned Parenthood of Maryland to investigate all statements in this application as may be necessary to determine appropriate volunteer placement.
- **Because of recent attacks on pro-choice organizations, it is important that our volunteers are committed to our goals.** To ensure the safety and well-being of our clients and staff (both paid and volunteers), we wish to inform you that the access of any volunteers to Planned Parenthood property, including information, is based on their support of the goals of Planned Parenthood. Volunteers are permitted access to Planned Parenthood property solely to assist in furthering these goals. If an individual's intent in obtaining access to Planned Parenthood property is for purposes other than this, that individual will be considered to be trespassing and appropriate legal action will be taken.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_