

# Volunteer / Intern Application

## Personal Information

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Name \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

## Education

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School	Area of Study	Years Completed	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Professional License \_\_\_\_\_ License Number \_\_\_\_\_

## Experience (Paid and Volunteer)

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Name of Organization	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Skills

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What skills can you share with Planned Parenthood (include languages spoken)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Statement of Interest

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Why do you want to volunteer at Planned Parenthood?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Expectations

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As a volunteer at Planned Parenthood what are your expectations?

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## What Position Are You Seeking?

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Volunteer position: \_\_\_\_\_ Internship: \_\_\_\_\_

Please indicate the days and times you prefer to volunteer:

\_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_ Saturday

Desired Start Date: \_\_\_\_\_

## References

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List three persons who will provide information regarding your qualifications, work habits and character:

Name	Relationship	Daytime Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Signature

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All of the information provided in this application is true and correct. I give Planned Parenthood permission to check my references.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application to:

**Volunteer Program Coordinator**

**Planned Parenthood of Northwest Ohio**

**1301 Jefferson, Toledo, OH 43624**