



Planned Parenthood[®] of Greater Orlando, Inc.

Volunteer Application

Please fill this form out as completely as you can. You can send the form back via e-mail as an attachment or print out the form and mail it:

Mail: Planned Parenthood of Greater Orlando
Attn: Education & Advocacy Dept.
11500 University Blvd, Ste B
Orlando, FL 32817

E-mail: ccalandruccio@ppgo.org

Please provide the following contact information:

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Work Phone: _____ **Cell/Home Phone:** _____

E-mail: _____

Emergency Contact (name, number, relation): _____

Please tell us why you are interested in volunteering for Planned Parenthood. What types of projects are you interested in?

Please tell us your educational experience.

_____ High School _____ Post Graduate: Degree in _____

_____ Some College _____ Technical School: Training in _____

_____ College Graduate: Major _____

We reserve the right to obtain the criminal background records of applicants. Please initial on the line below indicating that you are aware of this policy and that you grant us permission to do so. _____

Please check the skill areas that apply to you.

- | | | |
|--|--|---|
| <input type="checkbox"/> Arts/Graphic Design | <input type="checkbox"/> Fundraising/Development | <input type="checkbox"/> Media/Public Relations |
| <input type="checkbox"/> Computer/Technology | <input type="checkbox"/> Health Care | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Event Coordinator | <input type="checkbox"/> Human Services/Counseling | <input type="checkbox"/> Training & Development |
| <input type="checkbox"/> Information Systems | <input type="checkbox"/> Legal Information | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Finance/Bookkeeping | <input type="checkbox"/> Other: _____ | |

Please check all of the volunteer activities that interest you. Please rank your top 3 preferences.

- | | | |
|---|--|--|
| <input type="checkbox"/> Filing/Clerical | <input type="checkbox"/> Advocacy/Public Affairs | <input type="checkbox"/> Clinic Escort/Defense |
| <input type="checkbox"/> Typing/Data Entry | <input type="checkbox"/> Reception Desk | |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Development/Fundraising | |
| <input type="checkbox"/> Staff Health Fairs | <input type="checkbox"/> Research | |

Approximately how many hours can you be available to volunteer?

- _____ hours per week _____ hours per month _____ varies/unknown

Which of the following times are you most likely to be available to volunteer?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Saturdays |
| <input type="checkbox"/> Afternoons | <input type="checkbox"/> Varies/Unknown |
| <input type="checkbox"/> Evenings | |

Please tell us about any previous volunteer experience you may have had and the names of the organizations.

Who is your current or most recent employer? _____

Please list any civic, social, fraternal, or professional organizations to which you belong.

Please provide us with the names, addresses and phone numbers of two references.

1) _____

2) _____

I certify that all above information is accurate. Should there be a change in the information provided, I will notify PPGO immediately. PPGO has the ability to end my volunteering experience at any time.

PRINT

SIGN

DATE

If you are under the age of 18, you must print out this application, have your parent or legal guardian sign this application on the line below, and mail the application to the address at the top of the page.

Guardian PRINT

Guardian SIGN

Guardian DATE

Thank you!