



# VOLUNTEER APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

Is it okay to identify ourselves as Planned Parenthood when calling? Yes  No

Are you over 18 years of age? Yes  No  (if no, please have your parent or guardian sign below)

**Parent or Guardian (if under 18)**

I am aware of, and support \_\_\_\_\_' interest in volunteering with Planned Parenthood of Wisconsin.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**What do you know about Planned Parenthood?**

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

**How did you learn about volunteer opportunities at Planned Parenthood?**

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

**Why have you decided to volunteer at Planned Parenthood at this time?**

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

**In what way would you like to volunteer at Planned Parenthood?**

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

**When are you generally available to volunteer?**

(example: Monday 10am-2pm; Thursday 6-8pm; Saturday all day; April-June)

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**Experience/Skills**

Please describe any general or specific skills (paid and volunteer) you feel would be helpful in your volunteer work at Planned Parenthood (e.g., customer contact, computer skills, public speaking, written communications, leadership, fluent languages, community affiliations)

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**Confidentiality Agreement**

Your volunteer position may expose you to confidential information and records. Under no circumstances can you reveal this information except as may be required in the course of your work or by law. PPWI will immediately terminate any volunteer who breaches confidentiality about patients, internal financial and management matters, staff members, donors, or other volunteers. Unauthorized use or disclosure by you of any such information constitutes a breach of promise of your volunteer commitment to PPWI and may subject you to court action by any interested party and/or to other sanctions by PPWI.

By signing below, you agree to maintain the confidentiality of all information, even after your active volunteer status has ended, and certify that all information provided is true and complete and authorize PPWI to verify information provided.

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Signature

Date

**The following departments and cities are currently accepting volunteer applications. Please check the department and location you are interested in volunteering with and return this application to the contact/address listed below:**

- Madison Education Department: Meghan Benson, 2222 S Park St, #210, Madison, WI 53713
- Madison Development Department: Lori Greenberg, PO Box 2566, Madison, WI 53701
- Madison Public Affairs/Advocacy Department: Matea Varvodic, 111 King Street, #23, Madison, WI 53703
- Milwaukee Public Affairs/Advocacy Department: Molly Swank, 302 N Jackson St, Milwaukee, WI 53202