



VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Planned Parenthood of Indiana (PPIN). The information you provide on this application will allow us to find the most appropriate and satisfying volunteer position for you within our organization.

- All information in this application is kept strictly confidential and used only for PPIN purposes.
- Please answer each question as completely as possible.
- Completion of this application does not guarantee acceptance or placement in the Planned Parenthood of Indiana volunteer program.

Why volunteer at Planned Parenthood?

- By becoming a volunteer or intern at PPIN you gain valuable experience and job-related skills. You expand your knowledge and understanding of issues facing Planned Parenthood clients and you learn about the public policy issues a pro-choice organization faces. But most importantly, you help ensure the continuation of high quality, affordable and accessible reproductive health care for all.

As a volunteer at Planned Parenthood, what can you do?

- We offer a number of interesting and challenging assignments. There are both short-term and long-term assignments available throughout our agency, including health services, education, development, public policy and administration.

As a volunteer at Planned Parenthood we ask you to:

- Support Planned Parenthood's mission, goals and policies.
- Strictly adhere to our confidentiality policy at all times.
- Check in with staff each time you have a question or concern.
- Make a minimum commitment to a specified term of service.
- Be reliable in your time commitment.
- Be responsible for carrying out your service assignment.
- Keep accurate record of your hours of service and report those hours monthly.

How do you get started?

- Learn all you can about Planned Parenthood of Indiana by browsing www.ppin.org to make sure PPIN is where you want to volunteer/intern.
- If you decide that PPIN is the agency for you, the first step is to fill out this application and return it one of three ways:

Fax: 317-637-4344

E-mail: volunteers@ppin.org (please put "PPIN Volunteer Application" in the subject line of the e-mail)

Mail: Planned Parenthood of Indiana, Attn: Volunteer Application, P.O. Box 397, Indianapolis, IN 46206

Contact Information

First	Nickname	M	Last
Street Address			
City	State	Zip	
E-mail		E-mail 2	
Home phone		Cell phone	
I prefer to be reached by (please check all that apply): <input type="checkbox"/> E-mail <input type="checkbox"/> E-mail 2 <input type="checkbox"/> Home phone <input type="checkbox"/> Cell phone			

Volunteer Interests

Please check all that interest you and circle your first preference. Note: some opportunities are not available in all areas of the state.

Health Center <input type="checkbox"/> Office/Clerical support <input type="checkbox"/> Check-in <input type="checkbox"/> Patient Supporter / Escort <input type="checkbox"/> As needed	Development / Fundraising <input type="checkbox"/> Mailings <input type="checkbox"/> Special events projects <input type="checkbox"/> PPYL (Planned Parenthood Young Leaders) <input type="checkbox"/> As needed
Public Policy <input type="checkbox"/> Legislative Representative <input type="checkbox"/> Letter writing <input type="checkbox"/> Fairs/exhibits / projects <input type="checkbox"/> Community Outreach <input type="checkbox"/> As needed	Education <input type="checkbox"/> Fairs / exhibits <input type="checkbox"/> Clerical support <input type="checkbox"/> Teen Peer / Peer Education <input type="checkbox"/> As needed
Administrative office <input type="checkbox"/> Clerical – scanning, filing, etc. <input type="checkbox"/> Receptionist – lunch relief / vacation <input type="checkbox"/> Database Support Specialist <input type="checkbox"/> As needed	Misc. – Is there a specific area that isn't listed in which you're interested? Please specify.

Location

PPIN has 28 regional health centers and one administrative office. Please select the location(s) in which you are available to volunteer. For specific addresses of these sites please visit www.ppin.org.

Indianapolis: <input type="checkbox"/> Main admin office (downtown Indianapolis) <input type="checkbox"/> Castleton <input type="checkbox"/> Eastside <input type="checkbox"/> Georgetown Rd. <input type="checkbox"/> Midtown <input type="checkbox"/> Southside	<input type="checkbox"/> Avon <input type="checkbox"/> Bedford <input type="checkbox"/> Bloomington <input type="checkbox"/> Columbus <input type="checkbox"/> East Chicago <input type="checkbox"/> Elkhart <input type="checkbox"/> Evansville	<input type="checkbox"/> Fort Wayne <input type="checkbox"/> Gary <input type="checkbox"/> Hammond <input type="checkbox"/> Lafayette	<input type="checkbox"/> Madison <input type="checkbox"/> Merrillville <input type="checkbox"/> Michigan City <input type="checkbox"/> Mishawaka <input type="checkbox"/> Muncie <input type="checkbox"/> New Albany	<input type="checkbox"/> Richmond <input type="checkbox"/> Scottsburg <input type="checkbox"/> Seymour <input type="checkbox"/> Terre Haute <input type="checkbox"/> Valparaiso <input type="checkbox"/> Warsaw
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Availability – days and length of commitment

Monday <input type="checkbox"/> 9am – noon <input type="checkbox"/> Noon – 5pm <input type="checkbox"/> 5pm – 9pm	Tuesday <input type="checkbox"/> 9am – noon <input type="checkbox"/> Noon – 5pm <input type="checkbox"/> 5pm – 9pm	Wednesday <input type="checkbox"/> 9am – noon <input type="checkbox"/> Noon – 5pm <input type="checkbox"/> 5pm – 9pm	Thursday <input type="checkbox"/> 9am – noon <input type="checkbox"/> Noon – 5pm <input type="checkbox"/> 5pm – 9pm	Friday <input type="checkbox"/> 9am – noon <input type="checkbox"/> Noon – 5pm <input type="checkbox"/> 5pm – 9pm	Saturday <input type="checkbox"/> 9am – noon <input type="checkbox"/> Noon – 5pm <input type="checkbox"/> 5pm – 9pm
<input type="checkbox"/> On-call as needed		<input type="checkbox"/> Community service, ___ required each week	<input type="checkbox"/> Short-term / seasonal (less than six months) ___ hrs per week	<input type="checkbox"/> Standard (six or more months) ___ hrs per week	

Other comments regarding locations or availability:

Background – work, education, skills, personal, etc.

Current Work: Retired Student Unemployed
 Part-time (complete below) Full-time (complete below)

Company name/location:

Are you multi-lingual? Yes No
 Please list languages you speak:

Do you hold any licenses? (RN, LPN, NP, etc.) If so, please list:

Please list any special skills or experience:

Why are you interested in volunteering at PPIN?

Educational background – university, areas of study, degrees, etc.

Have you been convicted of a felony or misdemeanor other than a minor traffic violation? Yes No

Do you know anyone who works for PPIN? Yes No
 If yes, please list.

Choice – please describe your feelings on:

Abortion:

Contraceptives for minors:

References – personal or professional

Name:

Name:

Phone:

Phone:

Relationship:

Relationship:

Emergency Contacts

Name:

Name:

Phone:

Phone:

Relationship:

Relationship:

Confidentiality / Authorization / Signature

By signing this document :

- I acknowledge my volunteer position may expose me to confidential information and records. Under no circumstances can I reveal information except as may be required in the course of my work at PPIN or by law. PPIN will immediately terminate any volunteer who breaches confidentiality about patients, clients, internal financial and management matters, staff, donors or other volunteers. Unauthorized use or disclosure by me of any information constitutes a breach of promise of your volunteer commitment to PPIN and may subject you to court action by any interested party and/or to other sanctions by PPIN.
- I acknowledge that access to Planned Parenthood property, including information, is based solely for the purpose of furthering Planned Parenthood's goals. If my intent in obtaining access to Planned Parenthood property or information is for purposes other than to further Planned Parenthood goals, I will be considered to be trespassing and appropriate legal action will be taken.
- I attest that the information provided is, to the best of your knowledge, is true.
- I grant permission to PPIN to contact the references I have provided.

Signature:

Date:

Planned Parenthood of Indiana Confidentiality Policy

All information obtained from or concerning patients/clients is privileged communication. Neither employees nor volunteers should divulge any information concerning a patient/client to outside sources without written permission of the patient/client.

Confidentiality means:

- At no time is the name of a patient or client used unless it is necessary for the service being delivered to that person. (Patients and clients include but are not limited to: clinic patients, pregnancy test clients, people who walk in, people who call in, visitors, donors, other volunteers, etc.)
- Patients/clients seen in other places should not be recognized unless they make the first move.

We must avoid being trapped by these or other pitfalls:

- Talking over 'cases' by name with other personnel.
- Mentioning, even in strictest confidence, to a close friend or family member or anyone else, the name of a patient/client.
- Using patient's/client's names in a place where they could be overheard.
- Discussing confidential matters with a patient/client where you can be overheard.
- Using specific case histories, even without using names, to illustrate a story about Planned Parenthood to your daily contacts or at social gatherings.

It is the patient's/client's privacy that we are preserving.

I understand the policy on confidentiality of Planned Parenthood of Indiana and agree to respect the confidentiality of all patient/client information which I gain either directly or indirectly. I further understand that any breach of the agreement constitutes grounds for immediate dismissal.

Signature

Date



Planned Parenthood of Indiana Privacy Statement

As an employee, officer, volunteer or individual who is part of the workforce of PPIN, you may have access to Health Information. To ensure that health information is used and disclosed in compliance with the HIPAA Privacy Regulation and our Privacy Policies and Procedures, you are required to read and sign this document. This statement, along with the Privacy Policies and Procedures, describe your duties and obligations with regard to Health Information. Full compliance with this PRIVACY STATEMENT and our Privacy Policies and Procedures are a condition of your employment/involvement with PPIN.

A. Restrictions on the Use and Disclosure of Health Information

As a general matter, an individual's Health Information may not be used or disclosed without the proper permission. The use of and disclosure of Health Information is subject to the restrictions in the HIPAA Privacy Regulation and or Privacy Policies and Procedures. The use or disclosure of Health Information may be limited by Business Associate contracts between PPIN and third parties. The Privacy Regulation requires these contracts. Please refer to our Privacy Policies and Procedures or ask the Privacy Official for further guidance.

B. Penalties and Fines

Penalties and fines can be imposed by HIPAA on anyone who improperly uses or discloses Health Information. In addition to penalties and fines, any improper use or disclosure of Health Information may subject you to disciplinary action up to and including termination.

C. Certification of Understanding and Compliance

I hereby certify that I have carefully read and understand this Privacy Statement and the privacy Policies and Procedures and agree to abide by their provisions. All of my questions, if any, about these documents have been answered. I agree to abide by all of the requirements and provisions set forth in this Statement and the Privacy Policies and Procedures.

Signature

Date



Planned Parenthood of Indiana

We Believe:

Sexuality is a natural, healthy, life-long part of being human.

Every individual has a right to pursue sexual health information and services without fear, shame, or exploitation. That right involves access to adequate, accurate, and age-appropriate information about sexuality, including the advantages and disadvantages of sexual expression.

All people, regardless of gender or sexual orientation, have rights that need to be respected and responsibilities that need to be exercised.

It is unacceptable to sexually pressure, force or exploit another person.

In a pluralistic society, we must respect diverse sexual attitudes and behaviors as long as they are based on ethics, responsibility, justice, equality and non-violence.

Information about becoming pregnant and about postponing, preventing, continuing or terminating a pregnancy should be easily available; the choice of whether or not to parent should be free and informed.

Every child deserves to be wanted, loved and cared for.

Abstaining from sexual intercourse is the most effective method of preventing pregnancy and sexually transmitted infections.

Young people explore their sexuality as part of a process of achieving sexual maturity; adolescents are capable of expressing their sexuality in healthy, responsible ways.

There are many healthy ways to express sexual feelings, alone or with a partner; sexual intercourse is only one form of sexual expression.

Uninformed or irresponsible sexual behavior poses risks.

Women, men, girls and boys benefit from fairness and flexibility in gender roles.

Individuals and society benefit when children are able to discuss sexuality and their parents and/or other trusted adults.

Individuals and society benefit when childbearing is postponed until maturity.

Please sign if you endorse these Planned Parenthood of Indiana statements of belief.

Signature

Date



Planned Parenthood of Indiana's Applicant Statement

Please indicate that you have read and that you understand each paragraph of this Applicant's Statement by placing initialing beside each paragraph:

_____ I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge.

_____ I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision. I consent to this review and to the consideration of any statements of references or former employers that are given in response to the inquiry.

_____ I hereby release all parties, including Planned Parenthood of Indiana and references, from liability for any injury or damage that may result from furnishing information concerning me or any action Planned Parenthood of Indiana takes on the basis of such information.

Signature

Date