



# VOLUNTEER APPLICATION

PLEASE TYPE OR PRINT

First Name

Last Name

Street Address

Apt #

City

Postal Code

Telephone

C

Email

Would you like to be added to our email distribution list?  Yes  No

## 1. How did you hear about Indus Community Services?

- Website   
  Social Media   
  TV/Radio   
  Newspaper   
  Flyer/Brochure   
  Community Event  
 Word of Mouth   
 Friends/Family   
 Client of our agency   
 Other (please specify): \_\_\_\_\_

## 2. Please indicate if you are currently:

- Employed   
 Student ⇒  High school   
 College/University   
 Retired (please specify profession): \_\_\_\_\_  
 Currently volunteering elsewhere (please specify): \_\_\_\_\_  
 Other (please specify): \_\_\_\_\_

## 3. Your age category:

- Youth under 18   
 Date of Birth (if under 18 yrs)  
 dd                      mm                      yyyy   
 Youth 18 – 24   
 Adult over 24   
 Senior 60+

## 4. Languages you are fluent In:

Speaking: \_\_\_\_\_

Reading: \_\_\_\_\_

Writing: \_\_\_\_\_

## 5. Why are you interested in volunteering at Indus Community Services?

## 6. Please indicate which of the following volunteer positions interests you:

Select up to a maximum of two positions. Please refer to the Volunteer Positions List available online at [www.induscs.ca](http://www.induscs.ca)

- Adult Day Service   
 Friendly Visiting   
 Settlement Services   
 Youth Learning Club (Mississauga only)   
 HAL Yes! Facilitator (Halton only)

## 7. Please indicate your Location Preference:

- Mississauga   
 Brampton

## 8. Please indicate your Availability (days & times):

- Mon -- \_\_\_\_\_ to \_\_\_\_\_   
 Tue -- \_\_\_\_\_ to \_\_\_\_\_   
 Wed -- \_\_\_\_\_ to \_\_\_\_\_   
 Thu -- \_\_\_\_\_ to \_\_\_\_\_  
 Fri -- \_\_\_\_\_ to \_\_\_\_\_   
 Sat -- \_\_\_\_\_ to \_\_\_\_\_   
 Sun -- \_\_\_\_\_ to \_\_\_\_\_



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## 9. Please indicate the number of hours a week you would be able to commit to Indus Community Services.

Due to the nature of our programs we require a minimum commitment of 4 months and a minimum of 3 hours a week for our Adult Day, Friendly Visiting, Settlement and Youth Learning Club programs.

Number of hours per week: \_\_\_\_\_

## 9. References

Please provide us with **two non-family references** (teacher, coach, employer, past volunteer organizations and professional references) we may contact to verify information regarding your application. Your volunteer placement cannot begin until references have been checked.

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

10. Emergency Contact	Full Name	Phone & Email	Relationship to you
		P E	

**Applicant Signature**  
 By signing below, I hereby certify that the information included with this application for is true and complete. Additionally I authorize Indus Community Services to verify the references I have supplied. I understand that the information obtained will be confidential but may be shared with the relevant departments. I acknowledge and understand that if I am successful in obtaining a volunteer placement within Indus Community Services, the placement is conditional upon receipt of an original Police Records Search with Vulnerable Sector Screening that is acceptable to Indus Community Services. I understand that I am responsible for any costs associated with this process. I give permission to Indus Community Services to use any photos of me taken during volunteering for promotional purposes. I understand that I will have to attend a mandatory orientation session and complete the required training modules prior to starting my placement. I understand and agree to comply with the roles and responsibilities of my volunteer position.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Signature of Applicant: " \_\_\_\_\_ " Date: \_\_\_\_\_

**Parent/Guardian Signature**  
 Name of Parent or Guardian (for volunteers under the age of 18)  
 (PLEASE PRINT) \_\_\_\_\_ Telephone : \_\_\_\_\_

I support this volunteer activity & give my permission for my child \_\_\_\_\_ to apply to participate as a Volunteer with Indus Community Services.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***Incomplete &/or unsigned applications will not be considered.  
A current resume must be included along with this application.***

[www.induscs.ca](http://www.induscs.ca)

3038 HURONTARIO STREET, SUITE 206 • MISSISSAUGA • L5B 3B9 • TEL: 905-275-2369 • FAX: 905-275-6799  
 For volunteer inquiries please contact the Volunteer Services Coordinator at 905-275-2369, ext. 291 or volunteer@induscs.ca  
 Please return completed application by **Email, Mail** or **Fax** to the above address.

FOR OFFICE USE ONLY		
Application Received on:	Candidate contacted on:	Interview Date:

Distribution: Original in Volunteer's file

Indus Community Services founded as India Rainbow Community Services of Peel