





# VOLUNTEER APPLICATION

## 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.

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

## 9. References

Please provide us with **two non-family/friends 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: _____
Email: _____	Email: _____

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 905-275-2369, ext. 1291 or volunteer@induscs.ca  
 Please return completed application by **Email, Mail** or **Fax** to the above address.

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