



VOLUNTEER APPLICATION

PLEASE TYPE OR PRINT

First Name

Last Name

Street Address

Apt #

City

Postal Code

Telephone

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:

Please only select one position. Please refer to the Volunteer Positions List available online at www.induscs.ca/application-process/

- Community Connections
- Friendly Visiting
- Telephone Reassurance
- Health Services – Adult Day Services
- Health Services – Seniors Wellness
- Newcomer Services
- Care for Newcomer Children
- MASSI Mentor
- Community Volunteer Income Tax Program
- Event Volunteer
- Other: _____

7. Please indicate your Location Preference:

- Mississauga
- Brampton
- Caledon (Friendly Visiting, Telephone Reassurance & MASSI Mentor only)
- Halton (Friendly Visiting & Telephone Reassurance & MASSI Mentor only)

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.

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

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.

Distribution: Original in Volunteer's file Copy uploaded into Sumac