



Unite. Serve. Celebrate.

***Enriching Lives. Building Community.***

The India Community Center (“ICC”) does not discriminate in securing volunteers on the basis of race, color, religious creed, national origin, sex or ancestry; or on the basis of age against persons whose age is over 40 or on the basis of disability and any other characteristic required by law. No question of this form is intended to secure information to be used for such discrimination.

**PLEASE ANSWER ALL QUESTIONS**

Name (*in full*) \_\_\_\_\_  
Last First Middle

Are you 18 years or older?  Yes  No

For reference checking purposes, indicate other names under which you have worked/volunteered:

\_\_\_\_\_  
Address:  
\_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Day Evening Email

Occupation (*be specific*) \_\_\_\_\_  
Employer name Supervisor name Ph. No

**TO BE COMPLETED BY ALL APPLICANTS**

**Reason for volunteering:** *(check all that apply)*

- Personal satisfaction
- To meet school requirement
- To meet community service requirements
- Other please explain \_\_\_\_\_

Hours worked: \_\_\_\_\_

Availability: \_\_\_\_\_

Other organizations you volunteered with:  
\_\_\_\_\_

Supervisor: \_\_\_\_\_

**CERTIFICATIONS**

First Aid:     Yes     No    Type \_\_\_\_\_    Expiration Date: \_\_\_\_\_  
CPR:         Yes     No    Type \_\_\_\_\_    Expiration Date: \_\_\_\_\_

**VOLUNTEER REFERENCES**

In what area would you live to volunteer? *(Check as many as you like)*

- Administrative
- Camps
- Community Clubs
- Events
- Fundraising
- Fitness
- Membership
- Marketing
- Senior Programs
- Sevathon
- Table Tennis Center
- Medical Clinic
- Design

**When do you like to volunteer?**

- Weekday Daytime
- Weekend Daytime
- Others, specify \_\_\_\_\_
- Weekday Evening
- Weekend Evening

**REFERENCES (May include one relative)**

1. \_\_\_\_\_  
Name Relationship to the applicant Phone
2. \_\_\_\_\_  
Name Relationship to the applicant Phone

**EMERGENCY CONTACT (Whom should ICC contact in case of emergency)**

1. \_\_\_\_\_  
Name Relationship to the applicant Phone
2. \_\_\_\_\_  
Name Relationship to the applicant Phone

**TO BE COMPLETED BY ALL APPLICANTS**

Have you ever been convicted of a criminal offence? (Felony or misdemeanor)? (You may omit traffic offences, any convictions which have been sealed, expunged or statutorily eradicated, convictions more than two years old for marijuana related offences for personal use and misdemeanors for which probation was completed and the case judicially dismissed)

Yes  No

*If yes, please explain why?*

\_\_\_\_\_  
\_\_\_\_\_  
*Note: No applicant will be denied volunteer opportunities solely on the grounds of conviction of a criminal offence. The nature of offence, the date of the offence, the surrounding circumstances and the relevance of the offence to the position(s) will be considered.*

*Confidentiality clause: Handling data in the volunteering form that is highly sensitive. A pledge to guarantee to not disclose any such information to others without correct authorization.*

**ICC'S POLICY ON CHILD ABUSE**  
**PLEASE READ BEFORE SIGNING**

ICC is committed to providing a safe environment for our members, participants, volunteers and employees. We are aware that there are people who seek relationships working near children for wrong reasons. We make an active effort to prevent child abuse, which may include but it is not limited to the following:

- Fingerprinting for background check purposes and references which may include past employers and volunteer organizations
- Periodic interviews/evaluations are conducted with children and parents regarding day-to-day experiences, encouraging reports of out of ordinary events. Allegations of suspicious of child abuse are taken seriously and are reported to the police and state agencies for investigation

**AFFIRMATION**

My answers to these questions on these applications are true and correct. I have not knowingly withheld any fact or circumstances that would affect my application unfavorably.

I understand that allegations or suspicions of child abuse are taken very seriously by ICC and will be reported to the state for investigation and that ICC will fully cooperate with any related investigations and will pursue the prosecution of child abusers to its full extent under the laws of the state.

I understand that ICC may conduct a thorough check of my background and conduct periodic interviews and/or evaluations with children and parents to encourage reports of anything out of the ordinary. I hereby waive any right to claim that any background checks or investigations are an invasion of my privacy, since they are made with my consent.

I hereby acknowledge that I have read and understood the above statements and that I voluntarily sign this application.

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Signature of Applicant

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Date