



India
Community
Center

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

Full Name: _____
Last First Middle

Are you 18 years or old? Yes _____ No _____

Please provide name and contact number of people under whom you have worked/volunteered for reference:

1) _____

2) _____

Address: _____

City, State & Zip: _____

Phone Number: _____
Day Evening Email

Occupation (*be specific*) Recent college graduate currently looking for job

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: _____ Weekday evenings and weekends: _____

Other organizations you volunteered with: _____



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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)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Fitness | <input type="checkbox"/> Table Tennis Center | <input type="checkbox"/> Camps |
| <input type="checkbox"/> Community Clubs | <input type="checkbox"/> Marketing | <input type="checkbox"/> Membership | <input type="checkbox"/> Medical Clinic |
| <input type="checkbox"/> Events | <input type="checkbox"/> Senior Programs | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sevathon |

When do you like to volunteer?

- Weekday-Day Time Weekend-Day Time Weekday-Evenings Weekend-Evenings

REFERANCES (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)



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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.

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.

Signature of Applicant

Date