



NEW DIRECTIONS OF DECATUR COUNTY, INC.  
VOLUNTEER APPLICATION FORM



NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

WORK INFO: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ NOT CURRENTLY EMPLOYED \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

VOLUNTEER INTERESTS: SHELTER CHAPERONE \_\_\_\_\_ BUDDY-2-BUDDY PROGRAM \_\_\_\_\_

OFFICE TASKS \_\_\_\_\_ LIGHT HOUSEKEEPING \_\_\_\_\_ INVENTORY/ORGANIZATION \_\_\_\_\_

CHILDCARE \_\_\_\_\_ TRANSPORTS \_\_\_\_\_ TAKE HOME WORK \_\_\_\_\_ BOARD MEMBER \_\_\_\_\_

COMMITTEES \_\_\_\_\_ OTHER \_\_\_\_\_

PLEASE INDICATE PREFERENCES IF VOLUNTEERING AS SHELTER CHAPERONE:

SHELTER CHAPERONE: MORNING \_\_\_\_\_ AFTERNOON \_\_\_\_\_ EVENING \_\_\_\_\_ NIGHT \_\_\_\_\_

SHELTER CHAPERONE: MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THUR \_\_\_\_\_

FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_ VARIES \_\_\_\_\_

OTHER HELPFUL INFORMATION (VACATION SCHEDULE, ETC.): \_\_\_\_\_

NETWORKING INFORMATION (AFFILIATIONS): \_\_\_\_\_

POSSIBLE GROUPS TO PRESENT PROGRAM ABOUT NEW DIRECTIONS: \_\_\_\_\_

*I am interested in working as a volunteer for New Directions and agree to allow this organization to obtain a criminal background check on me.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return form to: New Directions, PO Box 247, Greensburg, IN 47240 Phone: (812) 662-8223