



VOLUNTEER APPLICATION

Date / /
DD / MM / YEAR

I. PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____

City, State & Zip: _____

County / Parish: _____

Home Phone: () _____ Work Phone: () _____

E-mail Address: _____ Birth Date: / / I am 18 yrs or older
DD / MM /

Emergency Contact: _____ Emergency Phone () _____

Relationship to you: _____

Are you a victim/survivor of a drunk driving crash? Yes No

If yes, date of crash: _____ Date of criminal disposition: _____

Please indicate if you ever been convicted of a DUI? Yes No When/where? _____

V. AREA OF INTEREST

Please indicate 1st, 2nd, and 3rd choice from the list below.

Please note: some volunteer positions/programs may not be available in all communities.

VICTIM SERVICES

- Candlelight Vigil Coordinator
- Victim Impact Panel Coordinator
- Victim Advocate
- Support Group Facilitator
- Outreach & Communications
- Other: _____

FUNDRAISING

- MADD Matters
- Tie One On For Safety
- Walk Like MADD
- Community Champions
- Other: _____

ADMINISTRATION

- General Clerical
- Phone / Reception
- Database Management
- Mailings
- Other: _____

PROGRAMS:

Drunk Driving Prevention/ Deterrence

- Court Monitoring
- Law Enforcement: Sobriety Checkpoints
- Law Enforcement: Roll Call Briefings
- Other: _____

PROGRAMS:

Underage Drinking Prevention

- Youth In Action Coordinator
- Youth In Action Volunteer
- Elementary/High School Initiatives
- College Initiatives
- Other: _____

PR / COMMUNICATIONS

- Speaker's Bureau
- Other: _____

PUBLIC POLICY

- Legislative Liaison
- Other: _____

OTHER:

Thank you for expressing an interest in volunteering for MADD.