



## VOLUNTEER APPLICATION

All of MADD's volunteer opportunities are at your convenience and within your time frame. Training will be provided for all types of public speaking and hands-on work in the area of victim assistance.

Name: \_\_\_\_\_

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

Phone (home): \_\_\_\_\_ (work or cell): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING AREAS :

(Any work involving youth will require a background check)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Staff Information Booths at Fairs, Schools, Malls, etc. | <input type="checkbox"/> Special Events      |   |
| <input type="checkbox"/> Educational Programs (speaking to youth)                | <input type="checkbox"/> Office Assistance   |   |
| <input type="checkbox"/> Victim Services Program                                 | <input type="checkbox"/> Victim Impact Panel | <input type="checkbox"/> Volunteer Speakers |

I am available (please circle days) : MON TUES WED TH FRI SAT SUN

Best Times for me are (please circle) MORNING AFTERNOON EVENING ANY

Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**What other volunteer activities are you now, or have you previously been involved with?**

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**Please list two personal references a MADD representative may contact:**

Name	Phone	Time Known	Relationship
1.	_____	_____	_____

2.	_____	_____	_____
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**Please answer the following questions, use an extra sheet of paper if needed.**

- 1. Have you or yours ever been involved in an alcohol related crash? If yes, please explain.**
  
  
  
  
  
  
  
  
  
  
- 2. Have you ever been involved in or convicted of a DUI? If yes, please explain.**
  
  
  
  
  
  
  
  
  
  
- 3. Are you volunteering for MADD as part of a court-appointed community service obligation? If yes, please explain.**
  
  
  
  
  
  
  
  
  
  
- 4. Do you speak any other languages, sign, or have any other special abilities?**

**Mothers Against Drunk Driving (MADD) would like to thank you for your interest in volunteering your time and taking the time to fill out this data sheet.**

When you have completed this form please fax or mail it to:

**Carol Haselmann  
Mothers Against Drunk Driving  
155 Wabasha Street South, Suite #104  
St. Paul, MN 55107**

**Questions?**

**Contact Carol Haselmann at 651-523-0802**

**Email: [carol.haselmann@madd.org](mailto:carol.haselmann@madd.org)**

**Web Page: [www.maddmn.org](http://www.maddmn.org)**