



MADD

Activism | Victim Services | Education

VOLUNTEER APPLICATION

Date / /
DD / MM / YEAR

I. PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____

City, State & Zip: _____

County / City: _____

Cell/Home Phone () _____ Work Phone () _____

E-mail Address: _____ Birth Date: / /
DD / MM / YEAR

If you are under 18 years of age, you must have a parent / legal guardian sign page 5 of this application form.

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 have been convicted or have pending charges in the following areas:

I have been	Convicted	Have pending charges
DUI/DWI If yes, list month and year of conviction(s)/charges: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Minor in possession If yes, list month and year of conviction(s)/charges: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Public Intoxication If yes, list month and year of conviction(s)/charges: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other alcohol related offense(s): please explain _____	<input type="checkbox"/>	<input type="checkbox"/>
Other criminal offense(s): please explain _____	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a valid driver's license? Yes No

Do you have valid auto insurance? Yes No

If required, can you provide proof of insurance? Yes No

Do you have your own transportation? Yes No

II. EMPLOYMENT & EDUCATION

Employment: Full Time Part Time Retired Not Employed

Current Occupation: _____

Work Experience: _____

Education: High School College Graduate School Technical School

Other: _____ Degree/Diploma(s) Obtained: _____

III. STUDENTS

Are you currently a student? Yes No Day School Full-time Part-time

If yes, where are you currently attending? _____

Current course of study? _____

IV. LANGUAGE

Do you speak any languages other than English?

Language _____ Conversational Fluency: Fair Good Excellent

Language _____ Conversational Fluency: Fair Good Excellent

American Sign Language? Yes No

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

- Special Events Coordinator
- Victim Impact Panel Coordinator
- Victim Advocate
- Support Group Facilitator
- Outreach & Communications
- Other: _____

FUNDRAISING

- Walk Like MADD
- Red Ribbon Run
-
- Other: _____
- Event-day Site Volunteer
- Planning Committee Volunteer

ADMINISTRATION

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

PROGRAMS:

Drunk Driving Prevention/ Deterrence

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

PROGRAMS:

Underage Drinking Prevention

- Youth In Action Coordinator - Adult
- Youth In Action - Youth
- College or University – Student or Adult
- UMADD - Adult
- UMADD - Student
- Other: _____

PR / COMMUNICATIONS

Speaker's Bureau

- Speaker's Bureau Volunteer
- Speaker's Bureau Coordinator
- Volunteer Trainer
- Community Engagement Volunteer
- Other: _____

PUBLIC POLICY

- Public Policy Liaison
- Other: _____

OTHER:

VI. AVAILABILITY

MADD volunteers are asked to seriously consider a commitment of four hours per week for at least six months (*Some programs require a one-year commitment. Check program requirements in Volunteer Opportunities Information Sheet*).

	M	T	W	Th	F	Sa	Su	
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexible Schedule <input type="checkbox"/>

VII. ADDITIONAL INFORMATION

How Did You Hear About Us?

- | | | | |
|------------------------------------------|--------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> MADD Event | <input type="checkbox"/> MADD Website | <input type="checkbox"/> Brochure | <input type="checkbox"/> MADD Staff/Volunteer |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend/Family | <input type="checkbox"/> TV | <input type="checkbox"/> School/University |
| <input type="checkbox"/> Community Event | <input type="checkbox"/> Recruitment Website (i.e. VolunteerMatch) | <input type="checkbox"/> Volunteer Center | |
| <input type="checkbox"/> Other: _____ | | | |

Why do you want to volunteer for MADD?

VIII. PERSONAL EXPERIENCE

1. What skills / experiences do you hope to gain from your volunteer experience with MADD?

2. What kind of skills /experiences/interests/personal characteristics will you bring to MADD as a volunteer?

3. Are there any issues, situations or kinds of experiences that you find unacceptable or difficult to deal with? If so, please share the situations / experiences and explain how you would respond.

4. How do you handle stress and emotional difficulties in your own life?

5. While volunteering at MADD you may work with people who have different values and life experiences than you. What personal qualities can you share to help you to work with people of various backgrounds and experiences?

6. Have you previously volunteered or applied to be a volunteer with MADD? Yes No

If yes, when, where and in what role/program? _____

7. Where have you volunteered in the past? When did you volunteer? What was your volunteer role?

8. What did you enjoy the most about your previous volunteer experience? _____

9. What did you enjoy the least about volunteering? _____

10. Please describe your past experiences or activities that include working with youth.

11. Is there anything in your history that would limit or prohibit you from working closely with youth? If yes, please describe. _____

12. You may be required to have a background check performed. Is this a concern to you? Yes No

If yes, please explain. _____

13. Upon acceptance, MADD offers a complimentary membership to all volunteers and, includes volunteers on email communication (i.e. newsletters, bulletins, organizational updates, news alerts, etc.)

Would you like to become a MADD member? Yes No

Would you like to be added to the email communication list? Yes No

MADD does not sell or share the membership list with external parties.

At MADD, we are committed to providing equal opportunities for employment or volunteering to all qualified applicants, regardless of race, creed, color, religion, sex, sexual orientation, age, national origin, marital status, citizenship status, veteran status, or disability.

IX. REFERENCES and RELEASE FORM

For **all** volunteer positions MADD requires references from people who have known you for at least one year and a signed *Authorization and Consent for Release of Information Form*.

Please list three contact references below. Please Print:

Name: _____ Relationship to you: _____
Address: _____ City: _____ State _____
Zip Code: _____ Phone (____) _____

Name: _____ Relationship to you: _____
Address: _____ City: _____ State _____
Zip Code: _____ Phone (____) _____

Name: _____ Relationship to you: _____
Address: _____ City: _____ State _____
Zip Code: _____ Phone (____) _____

If you are interested in volunteering with **Victim Services, Public Policy, Youth or as a Court Monitor**, the following forms are also required and need to accompany this application form. The appropriate reference forms are attached.

- two** general reference forms (work or volunteer related) – friends or family members are not be used as general references.
- one** family /friend reference form
- Authorization and Consent for Release of Information Form*

I understand and accept that the above referenced information I have provided is treated as confidential and will be used for processing my application. During this screening process I am under no obligation to work as a volunteer for MADD and MADD is under no obligation to accept my service. MADD reserves the right to reject any volunteer application, which MADD, in its sole judgment, determines, is not in the best interest of MADD.

By signing below, I affirm that I have read and understand the application and its terms and that the statements and information provided in this application are true and correct.

Date: _____

Your Name: _____ Your Signature: _____

*Parent/Legal Guardian Name: _____ Parent/Legal Guardian Signature: _____

**Required for applicants under the age of 18.*

Thank you for expressing an interest in volunteering for MADD.