



# 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 /

*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

DUI/DWI

Minor in possession

Public Intoxication

Other alcohol related offense: please explain   
\_\_\_\_\_

Other criminal offense: please explain   
\_\_\_\_\_

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: \_\_\_\_\_

Educational:  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 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice from the list below.

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

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| <input type="checkbox"/> <b>VICTIM SERVICES</b>          | <input type="checkbox"/> <b>FUNDRAISING</b>  | <input type="checkbox"/> <b>ADMINISTRATION</b> |
| <input type="checkbox"/> Special Events Coordinator      | <input type="checkbox"/> MADD Matters        | <input type="checkbox"/> General Clerical      |
| <input type="checkbox"/> Victim Impact Panel Coordinator | <input type="checkbox"/> Walk Like MADD      | <input type="checkbox"/> Phone / Reception     |
| <input type="checkbox"/> Victim Advocate                 | <input type="checkbox"/> Walk in a Box       | <input type="checkbox"/> Database Management   |
| <input type="checkbox"/> County Monitor                  | <input type="checkbox"/> Community Champions | <input type="checkbox"/> Mailings              |
| <input type="checkbox"/> Intake Specialist               | <input type="checkbox"/> Other: _____        | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Support Group Facilitator       | <input type="checkbox"/> Site Volunteer      |  |
| <input type="checkbox"/> Outreach & Communications       | <input type="checkbox"/> Committee Volunteer |  |
| <input type="checkbox"/> Other: _____                    |  |  |

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|--|--|--|
| <input type="checkbox"/> <b>PROGRAMS:</b><br><b>Drunk Driving Prevention/ Deterrence</b> | <input type="checkbox"/> <b>PROGRAMS:</b><br><b>Underage Drinking Prevention</b> | <input type="checkbox"/> <b>PR / COMMUNICATIONS</b><br><b>Speaker's Bureau</b> |
| <input type="checkbox"/> Court Monitoring  | <input type="checkbox"/> Youth In Action Coordinator - Adult                     | <input type="checkbox"/> Speaker's Bureau Volunteer                            |
| <input type="checkbox"/> Law Enforcement: Roll Call Briefings                            | <input type="checkbox"/> Youth In Action - Youth                                 | <input type="checkbox"/> Speaker's Bureau                                      |
| <input type="checkbox"/> Law Enforcement: Sobriety                                       | <input type="checkbox"/> College or University – Student or                      | Coordinator  |
| Checkpoints  | Adult  | <input type="checkbox"/> Volunteer Trainer                                     |
| <input type="checkbox"/> Law Enforcement Recognition                                     | <input type="checkbox"/> UMADD - Adult   | <input type="checkbox"/> Community Engagement                                  |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> UMADD - Student   | Volunteer  |
|  | <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Other: _____  |

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|--|---|--|
| <input type="checkbox"/> <b>PUBLIC POLICY</b>  | <input type="checkbox"/> <b>Leadership</b>            | <input type="checkbox"/> <b>OTHER:</b> |
| <input type="checkbox"/> Public Policy Liaison | <input type="checkbox"/> State Operating Council      |  |
| <input type="checkbox"/> Other: _____          | <input type="checkbox"/> Regional Operating Council   |  |
|  | <input type="checkbox"/> Community Action Site Leader |  |

**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"/>	<b>Flexible Schedule</b> <input type="checkbox"/>

**VII. ADDITIONAL INFORMATION**

How Did You Hear About Us?

- MADD Event
- Newspaper
- Community Event
- Other: \_\_\_\_\_
- MADD Website
- Friend/Family
- Recruitment Website (i.e. VolunteerMatch)
- Brochure
- TV
- MADD Staff/Volunteer
- School/University
- Volunteer Center

Why do you want to volunteer for MADD?

- Community Involvement
- College or School Credit Community Service
- Work Experience
- Support MADD's mission
- Other: \_\_\_\_\_

**VIII. PERSONAL EXPERIENCE**

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

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

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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.

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

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

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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. What organizations do you volunteer with or have you volunteered with in the past? Please state your role and the dates you volunteered. \_\_\_\_\_

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

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9. What did you enjoy the least about volunteering? \_\_\_\_\_

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

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

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

If yes, please explain. \_\_\_\_\_

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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 or are available on the Website.

- 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.