



## Volunteer Application

*The mission of Mothers Against Drunk Driving is to stop drunk driving, support the victims of this violent crime and prevent underage drinking.*

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

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_ The best time to contact me is:  AM  PM

### **WHAT BRINGS YOU TO MADD?**

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Have you had a personal drunk driving victimization experience?  Yes  No

Did this victimization result in:  Injury  Bereavement  Both

Please describe: \_\_\_\_\_

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Have you ever been convicted of a drunk driving offense?  Yes  No

### **AVAILABILITY**

At what times are you interested in volunteering? (Check all that apply)

Weekdays  Weekends  Days  Flexible  Special Events  Evenings

Do you have access to an automobile you can use for volunteer work?  Yes  No

In which counties are you willing to volunteer?

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

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Is there a particular group with whom you are interested in working? (Check all that apply)

- Youth       Teens       Adults       Senior Citizen       Staff       Victims  
 Male       Female       One-to-one       On your own       No preference  
 Other \_\_\_\_\_

Is there a particular type of volunteer work you are interested in? (Check all that apply.)

- Victim Advocacy\*     Public Awareness     Legislative Initiatives     Local or state leader\*  
 Public Speaking     Youth Programs\*     Court Monitoring     Special Events  
 Fundraising     Community Outreach     General office assistance     No Preference  
 Other: \_\_\_\_\_ \* background check required

Hobbies, Interests & Skills: \_\_\_\_\_

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Things you do not like to do:

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Do you speak languages other than English?  Spanish     Other(s): \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Please list the name and number of someone we may contact as a personal reference.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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*Please return this form to:*

**MADD Penn-Jersey**

**2323 Patton Road....Harrisburg, PA 17112**

**Phone: (717) 657-3911.....Fax: (717) 540-4824**

*Thank you for your interest in volunteering and taking the time to fill out both sides of this data sheet.*

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