



Volunteer Registration Form – Walk Like MADD Fall 2019

Name: _____

Group Name: _____ Total # Of Volunteers: _____

(Please List Each Group Member & Their Desired Role On A Separate List)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please check your preferred activity below.

(Note: we will do our best to accommodate your preferences, but need to ensure coverage in all areas. We will be following up with your assignment(s) & thank you for your interest.)

Walk Like MADD 2019 Fall Walks

☐ Sunday, September 15th: Clove Lakes Park, Staten Island, NY

☐ Saturday, October 19th: FDR State Park, Yorktown Heights, NY

Day Of Event Opportunities (approx..)

7:00 a.m. – 8:00 a.m.

☐ Assist with Setup

8:00 a.m. – 1:00 p.m. to Volunteer in following area(s):

☐ Event Greeter

☐ Food & Beverage

☐ Registration

☐ Water Stations on Route

☐ Mission (Victim Services)

☐ Raffles

☐ Volunteer Info & Program Services

☐ Any of the above/floater

12:00 p.m. – 2:00 p.m.

☐ Clean Up at Event, including loading vehicles

Additional Opportunities:

☐ I would like to learn more about joining the Walk Like MADD committee. (Please check area(s) of interest below)

☐ Sponsorship

☐ Marketing & PR

☐ Event Experience (Mission Integration)

☐ Team Recruitment

☐ Volunteer Recruitment

☐ Logistics

☐ Other: _____

For more information on how you can participate as a volunteer, please contact:

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