

Volunteer Registration Form – Walk Like MADD Fall 2017

Name:				
Group Name*:	ame*: Total # Of Volunteers*: *Please submit all names and contact information for each volunteer within your group if applicable*			
"Please submit all hai	nes and contact information i	or each volunteer wit	thin your group if applicable"	
Address:				
City:	State:		Zip:	
Phone:	Email:			
	Please check your pre accommodate your preference wing up with your assignment	ces, but need to ensu	ire coverage in all areas. We will be	
Walk Like MADD 2017 Fall Wal	<u>ks</u>			
9/17/17 Staten Island: Clove I	Lakes Park, Staten Island, N			
10/7/17 Rockland: St. Thoma	s Aquinas College, Sparkill, N	IY		
10/21/17 Westchester: FDR S	State Park, Yorktown Heights,	NY		
8:00 a.m. – 1:00 p.m. to Volunt	eer in following area:			
Event Greeter	Food & B	everage	Registration	
Water Stations on Route	Mission (/ictim Services)	Raffles	
Volunteer Info & Program Ser	vices Any of the	Any of the above/floater		
<u>1:00 p.m. – 2:00 p.m.</u> □ Clean Up at Event, including I	oading cars			
Additional Opportunities:				
I would like to learn more abo	ut joining the Walk Like MAD	D committee. (Please	e check area(s) of interest below)	
Sponsorship	Marketing & PR	g & PR		
Team Recruitment Other:	Volunteer Recruitment			
I	formation on how you can pa — Tara Spohrer – Mothers Against Drunk Driv 31-547-6233 Ext. 3662 Ema	Walk Manager ving New York State	Office	