

Volunteer Registration Form – Long Island Walk Like MADD

Name:			
Group Name:	Total # Of Volunteers: (Please List Each Group Member & Their Desired Role On A Separate List)		
			ni A Geparate Listy
Address:			
City:		State:	Zip:
Phone:		Email:	
(Note: we will do	o our best to accommodate you	k your preferred activity below of preferences, but need to ensolves ssignment(s) & thank you for y	sure coverage in all areas. We will be
Day Before Event –	- Friday, May 11, 2018		
9:00 a.m. – 12:00 p.	.m.		
☐ Load Truck at MA	ADD Office with supplies		
9:00 a.m. – 4:00 p.n	n. (any shift – lunch will be p	rovided)	
☐ Event Setup at N	orthwell Health at Jones Beach	Theater, including unloading	truck when it arrives
Day Of Event - Sat	<u>urday, May 12, 2018</u>		
6:00 a.m. – 8:00 a.n ☐ Assist with Setup			
8:00 a.m. – 1:00 p.n	n. to Volunteer in following a	rea:	
☐ Event Greeter		☐ Food & Beverage	
Registration		☐ Water Stations on Ro	oute
☐ Mission (Victim S	Services)	Raffles	
☐ Volunteer Info &	Program Services	☐ Any of the above/floa	iter
1:00 p.m. – 4:00 p.n	n.		
•	nt, including loading truck	☐ Unload truck at MAD	D Office
Additional Correct			
Additional Opportu	<u>inities:</u>		
☐ I would like to hel	lp out in the office to prepare fo	r the walk.	
☐ I would like to lea	irn about being on the Walk Co	mmittee.	
Other:			

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

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