

Volunteer Registration Form – Walk Like MADD Fall 2018

Name:			
Group Name:(Please	Total # Of Volunteers: (Please List Each Group Member & Their Desired Role On A Separate List)		
Address:			
	State:		Zip:
Phone:	Email:		
	Please check your preferred a t to accommodate your preferences, but ollowing up with your assignment(s) & the	need to ensure	e coverage in all areas. We will be
Walk Like MADD 2018 Fall V	<u>Walks</u>		
☐ Sunday, September 16 th :	Clove Lakes Park, Staten Island, NY		
☐ Saturday, October 20th: FI	OR State Park, Yorktown Heights, NY		
7:00 a.m 8:00 a.m. ☐ Assist with Setup 8:00 a.m 1:00 p.m. to Vol	unteer in following area(s):		
☐ Event Greeter	☐ Food & Beverage	;	Registration
☐ Water Stations on Route	coute		
☐ Volunteer Info & Program	nfo & Program Services		
1:00 p.m. – 2:00 p.m.			
Clean Up at Event, includi	ng loading truck		
Additional Opportunities:			
☐ I would like to learn more	about joining the Walk Like MADD comn	nittee. (Please	check area(s) of interest below)
☐ Sponsorship	☐ Marketing & PR	☐ Event E	experience (Mission Integration)
☐ Team Recruitmen	t Volunteer Recruitment	☐ Logistic	s
Other:			

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

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