

CITIZENS FOR WAGUESPACK

32ND WARD ORGANIZATION VOLUNTEER FORM

Name:

Address:

City:

Zip Code:

E-mail:

Date of Birth (optional):

Home Phone:

Mobile Phone:

Do You Speak Another Language? Yes No

If Yes, Which Language(s)?

Are You Assigned To A Precinct? Yes No

If Yes, Which One?

Do You Have A Car? Yes No

When Are You Available To Help Out?

Weekdays

Weeknights

Weekends

Anytime

What Are You Interested In Doing? (Check All That Apply)

Passing Petitions

Make Phone Calls

Register Voters

Display Window/Yard Sign

Contact My Neighbors And Friends

Serves As Precinct Captain

Host An Event At My Home

Volunteer On Election Day

Help Raise Funds

Volunteer In Office

Distribute Literature

Write Letters To Editor

Serve As Election Judge

Special Skills/Interest:

Restrictions:

www.ScottForChicago.com