WASHOE COUNTY REPUBLICAN CENTRAL COMMITTEE
VOLUNTEER FORM
Registered Republican? Y__ N ___

Volunteer Data/Confidentiality Form **DATE**_____

PLEASE PRINT ALL INFORMATION CLEARLY **PRECINCT**_____

LAST NAME

FIRST NAME

MAILING ADDRESS **CITY** **ZIP**

HOME ADDRESS **CITY** **ZIP**

HOME PHONE **CELL PHONE** **BUSINESS PHONE**

EMAIL

Best hours to contact you _____ **May we contact you at work?**_____

Please indicate below (by circling) in which activities you are willing to participate:

Are you a Central Committee Member Yes___ No ___ **Circle your interest:** **Budget**
Fundraising/Events **Field Operations** **Communications-** (circle) **In House Studio;**
Social Media; Hispanic Outreach; On Line Content **Political Affairs**
Bylaws Committee **Information Technology (IT)** **Voter Registration/Poll Watching**
Telephoning **Office Help**

Other (please specify) _____

What would you really like to do? _____

(REVISED 08/30/2020)