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 in which activities you are willing to participate:

Are you a Central Committee Member Yes___ No ___

Fundraising/Events **Field Operations** **Budget** **Office Help**

Social Media **Electioneering** **Bylaws Committee**

Information Technology (IT) **Communications**

Please Specify _____

What would you really like to do? _____

(REVISED 08/30/2020)