



PERSONAL INFORMATION (PLEASE WRITE LEGIBLY)

Different mailing address

Name	Date
Residential Address	
City, ZIP	
*Email	
*Phone	Please circle: Cell / Home / Work

*You are signing up for periodic emails from the Democratic Party of Oregon and Washington County. You can unsubscribe at any time.

Are you a registered Democrat for over 180 days? Yes No

I am interested more information about being a:

- General Volunteer
 Precinct Committee Person
 Phone Banker
 Canvasser / Going Door to Door
 Neighborhood Leader

I would like to join the following Committees and/or Caucuses:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Budget
Accounting
Staffing | <input type="checkbox"/> Young Democrats
Social Events
Voter Registration | <input type="checkbox"/> Finance
Event Planning
Fundraiser | <input type="checkbox"/> Campaign
Direct Voter Contact
Volunteer Recruitment |
| <input type="checkbox"/> Communications
Article writing,
Social Media & Email
Digital Marketing
Press Releases | <input type="checkbox"/> Credentialing
Verify eligibility
Credential Organization
Meeting quorum | <input type="checkbox"/> Latinx
Social Events
Voter Registration
GOTV (Get Out the Vote) | <input type="checkbox"/> Information Tech
Hardware/Software
Tech Security
SAAS Maintenance |
| <input type="checkbox"/> Office
General Office
Support Campaign
Interact with public | <input type="checkbox"/> Outreach
Interact w/ public affairs
Parades, events etc.
Public Events | <input type="checkbox"/> Resolutions & Platform
Parliamentary procedures
Purpose/Positioning on Measures
Liaison with Legislators | |
| <input type="checkbox"/> Training and Education
Develop training material
Train new volunteers
Outreach to other orgs | <input type="checkbox"/> Black Caucus Hard Conversations
Social Events
Voter Registration
Enhancing Black American candidacy | <input type="checkbox"/> Rules
Reviewing CC Meeting Bylaws
Recommend Amendments
Conduct Elections | |

By signing below, I affirm I am a registered Democrat residing at the address above and wish to be appointed as a Precinct Committeeperson in my voting precinct or an adjacent precinct.

Signature: _____ Date: _____

If you are unable to attend a Central Committee meeting to be appointed, please bring your form to our office at 140 NE 3rd Ave, Hillsboro 97124; or email office@washcodems.org to be connected with a House District Leader. Forms will be processed in the order received, which may influence your assigned precinct.

HDL/OFFICE APPROVAL Print: _____ Sign: _____