



**PRECINCT
COMMITTEEPERSON
APPLICATION**

PLEASE WRITE LEGIBLY. Thank you!

PERSONAL INFORMATION

Different Mailing Address (please write on reverse of form)

Name	Date
Residence Address	
City, ZIP	
Email*	
Phone (Please indicate if other than cell)	

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

Registered to vote? Yes No **Registered Democrat for 180+ days?** Yes No

If you have not yet completed a Washington County Democrats Volunteer Form, please complete the following:

I WOULD LIKE TO JOIN THE FOLLOWING COMMITTEES AND/OR CAUCUSES:

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Office
General Office
Support Campaign
Interact with Public | <input type="checkbox"/> Credentialing
Verify Eligibility
Credential Organization
Meeting Quorums | <input type="checkbox"/> Black Caucus
Special Events
Voter Registration
Enhancing Black American Candidacy |
| <input type="checkbox"/> Communications
Article Writing
Social Media and Emails
Digital Marketing
Press Releases | <input type="checkbox"/> Information Technology
Hardware/Software
Tech Security
SAAS Maintenance | <input type="checkbox"/> OUTREACH
Interact with Public Affairs Parades,
Events, etc.
Public Events |
| <input type="checkbox"/> Finance
Event Planning
Fundraising | <input type="checkbox"/> Rules
Reviewing CC Meeting Bylaws
Recommend Amendments
Conduct Elections | <input type="checkbox"/> LATINX
Social Events
Voter Registration
GOTV (Get out the Vote) |
| <input type="checkbox"/> Campaign
Neighborhood Leader Program
Direct Voter Contact Volunteer
Recruitment
Training and Education Development
Training Materials
Training New Volunteers
Outreach to Other Organizations | <input type="checkbox"/> Resolutions & Platform
Parliamentary Procedures
Purpose/Positioning on Measures
Liaison with Legislators

<input type="checkbox"/> Budget
Accounting
Staffing | <input type="checkbox"/> Education Caucus

YOUNG DEMOCRATS
Special Events
Voter Registration |

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 (if mine is filled).

Signature: _____

Date: _____

If the Central Committee (CC) meeting is in person, this form can be submitted to the Secretary at that meeting. If the CC meeting is via Zoom, this form must be submitted either in person at the Office, mailed to the Washington County Democrats, 140 NE 3rd Ave, Hillsboro, OR 97124, or emailed to pcpapp@washcodems.org prior to the CC meeting.

Secretary: _____ ElectionsOffice: _____ Outreach Comm: _____ Campaign Comm: _____

Vice Chair 2: _____

Training Comm: _____ Revised: 2/22/2023