MELISSA M. WILSON CAMPAIGN VOLUNTEER APPLICATION

• CONTACT INFORMATION

FULL NAME: _____

PREFERRED NAME/NICKNAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

• VOLUNTEER PREFERENCES

TYPE OF ACTIVITIES YOU'RE INTERESTED IN:

☐ VOTER EDUCATION/ MENTORING ☐ MEDIA/SOCIAL MEDIA

☐ COMMUNITY ENGAGEMENT ☐ PHONE BANKING

☐ OTHER (PLEASE SPECIFY): _____

• AVAILABILITY:

TYPE OF ACTIVITIES YOU'RE INTERESTED IN:

☐ WEEKDAYS ☐ WEEKENDS ☐ FLEXIBLE

• SKILLS & TALENTS

PLEASE LIST ANY SKILLS, OR SPECIAL TALENTS YOU WOULD LIKE TO SHARE:

_____

I understand that volunteering is a commitment of time and effort. I agree to follow the guidelines set by the Melissa M. Wilson Campaign and to carry out my role with respect and responsibility.

Signature

Please email volunteer application to melissa@melissamechelle.org or text to 409-234-0499