



FOR **GOVERNOR** "Restoring the California Dream"

Volunteer Questionnaire

NAME: _____ PHONE: _____

ADDRESS: _____ COUNTY: _____

ZIP: _____ EMAIL: _____

REPEAT EMAIL: _____ Group Affiliation: _____

Please check (x) where you can help:

____ Availability (Hrs. _____ Per Week)

____ Precinct Walking (door to door)

____ Telephone/ Verbal Communications

____ Previous Campaign Experience:

____ Data Logging

____ County Leadership Position

____ Keyboard Warrior



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