



# ISLAND COUNTY REPUBLICAN PARTY

VOLUNTEER APPLICATION (2019-20)

Thank you for your interest in volunteering with the Island County Republican Party (ICRP). Please fill out both sides of this form and return to any ICRP volunteer, or mail to Island County Republican Party, P.O. Box 293, Oak Harbor, WA 98277.

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
<b>Street Address</b>	<b>Home Phone</b>	
<b>City</b>	<b>Work Phone</b>	
<b>ZIP Code</b>	<b>Cell Phone</b>	
<b>E-mail Address</b>		

Please describe your political background and interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Calling voters to identify Republicans	<input type="checkbox"/>	Canvassing voters to identify Republicans	<input type="checkbox"/>
Calling Republicans to get out the vote	<input type="checkbox"/>	Canvassing Republicans to get out the vote	<input type="checkbox"/>
Volunteering at the ICRP Victory Office	<input type="checkbox"/>	Helping with fundraising events	<input type="checkbox"/>
Volunteering at an outreach booth	<input type="checkbox"/>	Entering data gathered by canvassers	<input type="checkbox"/>
<b>Other assistance (describe)</b> _____			

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

SECTION BELOW RESERVED FOR OFFICE USE

**Comments** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Precinct** \_\_\_\_\_

**County Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Voter Registration Checked**  **WA Voter ID** \_\_\_\_\_ **Obs/Calc Party** \_\_\_\_\_

<b>Welcome Packet Sent</b>	<input type="checkbox"/>	<b>Welcome Letter</b>	<input type="checkbox"/>
<b>GOP Data Center Application needed?</b>	<input type="checkbox"/>	<b>GOP Data Center App Sent to WSRP</b>	<input type="checkbox"/>
<b>Orientation Session Scheduled</b>	<input type="checkbox"/>	<b>Orientation Session Completed</b>	<input type="checkbox"/>

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## Volunteer Agreement

*I understand that the Island County Republican Party (ICRP) always requires me to adhere to professional conduct and ethical behavior.*

*I agree to attend required training. I agree to abide by the policies and procedures presented to me at the volunteer orientation and training. I understand that if I do not follow rules established by the ICRP, I may be subject to corrective action and/or termination from the volunteer program.*

*I understand that being under the influence of alcohol or drugs will lead to my termination.*

*I authorize the ICRP to seek emergency medical treatment on my behalf in case of accident, injury, or illness.*

**PROPERTY:** *I agree that I will not use ICRP property and services for my personal use. Upon my end of service, I agree to return all property belonging to the ICRP, including data, records, software, and equipment.*

**CONFIDENTIALITY:** *I understand that I am a representative of the ICRP, and that I may have access to personal or privileged information regarding the organization. I agree to respect and maintain confidentiality of all donors, voters, volunteers, and candidates of the ICRP both on and offsite, during and outside of volunteer hours and for three (3) years after my departure from the ICRP. I understand that any misuse of personal information or disrespectful or misleading representation of the ICRP may be cause for dismissal from the volunteer program.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name (Please Print)** \_\_\_\_\_

*Parent / guardian signature required if applicant is under the age of 18.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name (Please Print)** \_\_\_\_\_