



Berrien County Democratic Party Volunteer Application

Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

- Yes, I would like to receive the BCDP Newsletter via email.
- I may need a ride to the office to help with volunteering.

Volunteering:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Annual Picnic | <input type="checkbox"/> Food | <input type="checkbox"/> Office Volunteer | <input type="checkbox"/> Postcard Writing |
| <input type="checkbox"/> Attend Local Gov. Meetings | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Outreach | <input type="checkbox"/> Text Banking |
| <input type="checkbox"/> Candidate Support | <input type="checkbox"/> Letters to Editor | <input type="checkbox"/> Precinct Delegate / Captain | <input type="checkbox"/> Transportation to Polls |
| <input type="checkbox"/> Canvassing | <input type="checkbox"/> Literature Drop | <input type="checkbox"/> Phone Banking | <input type="checkbox"/> Youth Fair (August) |
| <input type="checkbox"/> Events | <input type="checkbox"/> Marketing / Messaging | <input type="checkbox"/> Poll Watching | |
| <input type="checkbox"/> Other: _____ | | | |

Emergency Contact(s):

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

- This application serves as consent to being photographed. Photographs may be used in Berrien County Democratic Party (BCDP) publications, social media and promotional material.
- By signing this application, I give my consent to BCDP to conduct a background check. I understand that I will not receive payment for the time I volunteer with BCDP and will not hold BCDP liable for any injury or damages.

For volunteers under age 18: Adult/Parent acknowledgement and consent for persons under 18 years of age to volunteer with BCDP. I give my permission for _____ to volunteer.

Parent/Guardian Signature:

Date:

Volunteer Signature: _____ **Date:** _____

Office use only	Data entered by:	Date:	Constant Contact (if applic):	Date:
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