

November Coalition Foundation Vigil Leader Questionnaire

Please print, complete, and mail the following form to our office.

We apologize for not being able to offer our vigil leaders an automated online registration at the present time.

If the question is a “yes” or “no” question, please put an “x” to the right of the appropriate answer.

Personal Contact Information

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Shipping Address

NOTE: UPS cannot deliver to a PO Box. If your mailing address is a post office box, please put a shipping address here: _____

Care of (leave blank if your name): _____

Street Address: _____

City: _____

State: _____

Zip: _____

Special shipping instructions: _____

General Information

Are you now working with any other organizations?

Yes No

If yes, please list the name and short description of the organization here: _____

Are you on our November Coalition email announcement list?

Yes No

All of our volunteers are added to our low volume announcement list, vigil leaders will also be added to our vigil email discussion list after we have received this registration. This list is monitored carefully and used only to discuss vigil dates, themes, vigil strategies, reporting and future planning. Do you have any objections to being added to our vigil discussion list?

Yes No

What is the best time to call you?

Time: _____ A.M. P.M.

Best days of week to reach you: _____

Do you have a loved one imprisoned?

Yes No

If yes, please feel free to share information about your imprisoned loved one: name, age, offense, years sentenced. If they are featured on The Wall, please give their name and URL or web address of story: _____

Have you reviewed our vigil website pages?

Yes No

Have you decided upon a place to hold your vigils?

Yes No

If yes, where is the location: _____

Will you commit to leading a vigil at least 4 times a year when The November Coalition calls for national, simultaneous vigils.

Yes No

If you will have vigils more often, what is your planed commitment? _____

Have you led a vigil with the November Coalition before?

Yes No

Optional

Feel free to share your statistics (age; gender; race), your circumstances, special talents or abilities in order for us to assist you more effectively: _____
