



Volunteer Questionnaire

Personal Contact Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Public Contact Information

Can we make all of your personal contact information public?

YES **NO** - If no, what information can we share with our website visitors and readers of our newspaper? (Minimum of name, city, state, phone & E-mail): _____

Are you now working with any other activist or reform organizations?

YES **NO** - If yes, please list the name and short description of the organization(s) here:

What is it best to call you? (Day & Time): _____

What is your occupation? _____

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): _____

Optional

While not required, please share your statistics (age; gender; race), your circumstances, special talents or abilities, and other useful data about yourself here and on back of this page.

