

2015 VOTER SERVICE SURVEY

NAME: _____ TITLE: _____

LOCAL LEAGUE: _____

Please participate in this state-wide voter service survey to gather information about this fall's activities and to celebrate the League's impact on local communities. Please, send copies of publicity or media coverage. Use extra pages if necessary to complete this form.

CANDIDATE DEBATES/FORUMS

How many forums/debates did you schedule? YES / NO How many forums/debates were canceled? YES / NO
Why were they canceled?

Together with other Leagues? YES / NO Co-Sponsored with other organizations? YES / NO

What was the attendance at your events? _____ Did questions come from the audience? YES / NO

Were they written and screened? YES / NO Were questions asked by individuals at a microphone? YES / NO

Was the event(s) videotaped? YES / NO Where and how was it aired? _____

Describe any issues you had with recording by audience members? _____

Was your event covered by the media? YES / NO _____

Did your League provide any services such as moderating or timekeeping for an event sponsored by another organization? YES / NO If so, which organizations? _____

Did you request payment for this service? YES / NO

Does your local League have Debate Policies and/or Guidelines- YES / NO -if YES, please attach.

VOTERS GUIDES

Where did you distribute **state League voter guides**? _____

Did your League publish a **local voter guide**? YES / NO How many did your League publish? _____

ORGAN DONATION

Did your League participate in the Organ Donation awareness program? YES / NO

COMMENTS: _____

VOTER REGISTRATION

Did you collect completed voter registration forms at your voter registration drives? YES / NO

Did you mail them to BOE or deliver them in person? MAIL / DELIVER

Do you collect information about the voter from the form? YES / NO

What Info?:

How many voter registration drives did your League conduct? _____

How many voters did you register? _____

GET-OUT-THE-VOTE EFFORTS

Did you use appearances on TV or radio? **YES / NO** Send letters to the editor? **YES / NO**

Put out PSAs? **YES / NO** Other? _____

SWEARING-IN CEREMONIES

Please describe what activities your League conducts for newly sworn citizens or at swearing-in ceremonies? _____

OTHER SUCCESSES, CHALLENGES, IDEAS, QUESTIONS?

DUE DECEMBER 11, 2015

PLEASE SNAIL MAIL/FAX OR E-MAIL TO:

LWVNYS, 62 Grand Street, Albany, New York 12207

Fax: 518-465-0812 / E-Mail: lwny@lwny.org