

2016 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.

VOTER SERVICE

Did you participate in the Voter Service call on September 7, 2016	YES / NO
Would you like them in future?	YES / NO
What topics would you want to be discussed?	
Are you a member of LWVNY voterservices Googlegroup?	YES / NO
Would you like to be invited to join?	YES / NO

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?	
Do you collect information about the voter from the form? What Info?	
How many voter registration drives did your League conduct?	
How many voters did you register?	
Did you distribute absentee ballot applications?	YES/NO

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?	
What was included in the local Voter Guide ?	
Could the State Voters Guide be improved?	YES / NO
How?	

CANDIDATE FORUMS/DEBATES

How many forums/debates did you schedule?	
How many forums/debates were canceled?	
Why were they canceled?	
For which offices were forums/debates held?	
Together with other Leagues?	YES / NO
Co-Sponsored with other organizations?	YES / NO
Please list organizations?	
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
What problems occurred during the question and answer period?	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 –if so, please attach.	YES / NO

ORGAN DONATION

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

VOTE 411

Did your League participate in the Vote 411 program?	YES / NO
If NO , is there someone in your League who would like to receive training so that your League can participate next year?	YES / NO
If YES , how many races did you post?	
How many candidates submitted information as requested?	
How many did not?	
How did you publicize Vote 411?	
Who did you ask to post a link to Vote411?	YES / NO
Did you ask any local newspapers to promote Vote411?	YES / NO
What were the biggest problems your League encountered with Vote 411?	

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** _____

Did you collect contact info at voter registration drives? **YES / NO**

If yes, did you do follow up calls or emails? **YES / NO**

Other ways your league tried to turn out vote _____.

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 NOVEMBER 30, 2016
PLEASE SNAIL MAIL/FAX OR E-MAIL TO:
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