

2017 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 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 (estimate)?	
Did you distribute absentee ballot applications?	YES/NO

VOTERS GUIDES

Where did you distribute state League voter guides ? How many state voter guides did you distribute? Part I _____ Part II _____	
Did your League publish a local voter guide ?	YES / NO
How many did your League publish?	
What was included in the local Voter Guide ?	
Next year the Voter Guide Part I and Part II will have different appearances to avoid confusion. Are there other changes you would like to see in the guides?	YES / NO
What are they?	

CANDIDATE FORUMS/DEBATES

How many forums/debates did you schedule?	
Did you follow the “No Empty Chair Policy” and if so was it for the first time?	
Did you have to cancel any candidate forums because of no empty chair policy? If so, how many?	
How did you educate public about cancellations?	
Would you do anything different next year to encourage candidates to participate?	
Did you have to cancel candidate nights for other reason than no empty chair? How many? What reason?	
What was the attendance at your events (estimate)?	
Did questions come from the audience?	YES / NO
Were they written and screened?	YES / NO
Did you have videotaping policy that was clearly stated in invitation to candidates and mentioned at your forum by moderator?	
Was the event(s) videotaped?	YES / NO
Where 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
Would your league like a “Candidate Forum kit” with how to prepare and what to bring to the forum?	YES / NO
Would your league like training workshops for potential moderators?	
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? If NO , is there someone in your League who would like to receive training so that your League can participate next year?	YES / NO 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? Did you ask any local newspapers to promote Vote411?	YES / NO YES / NO
Did you include write in candidates on vote 411?	Yes /No

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 or other ideas you have for next year. _____.

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 24, 2017
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