



## Volunteer Sign-up Form

**Mailing Address:** Friends of Lenny Ricchiuti  
P.O. Box 8641  
Albany, NY 12208

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Availability:

\_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening

\_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs

\_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun

Specific Time Available: \_\_\_\_\_ am / pm (circle one)

### Events to Work:

\_\_\_\_\_ Work at Headquarters

\_\_\_\_\_ Drop off Literature

\_\_\_\_\_ Phone Bank

\_\_\_\_\_ Specific Events

\_\_\_\_\_ Fundraisers

\_\_\_\_\_ Poll Watching

\_\_\_\_\_ Appear at Special Meetings

\_\_\_\_\_ Walk door-to-door\*

\*Please indicate party affiliation if you are interested in carrying petitions:

\_\_\_\_\_ Other

I am a registered: \_\_\_\_\_

### Recommendation for other volunteers:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Thank you for your interest! We will be in touch soon.