

TAKE YOUR  
**LEGISLATOR**  
TO WORK

# Take your Legislator to Work Campaign Participant Information Form

## Participant Information

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

Do you have a Guardian: YES or NO

If yes, please share their name(s) \_\_\_\_\_

Your Home Street Address: \_\_\_\_\_

Home City/State/Zip: \_\_\_\_\_

Your Home Phone Number: \_\_\_\_\_ Your Cell Phone Number: \_\_\_\_\_

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

Name of your Employer: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Your Employer's Address: \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_

Number of Years Employed at your current job: \_\_\_\_\_

Tell us about yourself:

1. How did you get your job?

2. What are your job duties?

3. What do you like best about your job?

4. Have you ever visited with your legislators? If yes, with whom did you visit?

5. Why do you want to get involved in the Take Your Legislator to Work Campaign?

