2019 Voter Service Survey

Please complete this statewide voter service survey to gather information about this fall's local League activities and to celebrate the League's impact on local communities.

Please return the completed survey by November 20, 2019

Name: __________________________________________

Local League: ___________________________________

How many voter registration drives did your league conduct in the past 6 months?

- 0
- 1-10
- 11-25
- 26-50
- 51+
- 

Is this more drives than held in the past?

___Yes  ___No

Approximately how many people did you register?

- 0-20
- 21-50
- 101-150
- 150+

Did you do training workshops for league volunteers?

___Yes  ___No

Did you do training workshops for other organizations or groups?

___Yes  ___No

If so, which organizations or groups?

____________________________________________________________

Did you do registration drives in any different venues than in the past?

___Yes  ___No
If so, where?

Were any registration drives held in underserved communities?

___Yes    ___No
If so, which communities?

Did you participate in voter registration drives at any naturalization ceremonies?

___Yes    ___No
If so, how many did you participate in the past six months and approximately how many people did you register at the ceremonies?

Did you collect contact information to do follow up reminders for Get Out the Vote?

___Yes    ___No
If so, how did you collect it and how did you follow up (text, email, etc.)?

Did you use an app to send any reminders?

___Yes    ___No
If so, what app?

Will you do anything different next year?

___Yes    ___No

Is there more information you would like included in the tool kit?

___Yes    ___No
If so, what?

Section 2 - Voters’ Guide, Early Voting Brochures, and Materials
Did your league distribute Voter Guide Part 1?

___Yes    ___No

Did your league publish a local voter guide?

___Yes    ___No

Did your league distribute Early Voting brochures?

___Yes    ___No
If yes, how many? Where?

Do you have any changes you would recommend for Early Voting education next year?

___Yes    ___No
If so, what?
Section 2- Candidate Events

Did you find the edited candidate toolkit helpful?
___Yes ___No
If so, what was helpful?

Did you have written event policy last year?
___Yes ___No
If so, did you review it this year?
___Yes ___No
If not, did your league adopt a written event policy this year?
___Yes ___No

Did you send policy or ground rules to candidates?
___Yes ___No
If so, did you have them signed and returned?
___Yes ___No

How many candidate events did you schedule in the past six months?
- 0
- 1-5
- 6-10
- 11-15
- 15+

Did you need to cancel any events due to empty chair policy (requirement needing more than one candidate for a race)?
___Yes ___No
If so, how many?

Did you cancel any other events for other reasons?
___Yes ___No
If so, what were the reasons?

If you had cancellations, how did you notify the public?

Were the templates in toolkit helpful?
___Yes ___No

Did you have a videotaping policy that was clearly stated in invitation letters to candidates and mentioned by the monitor?
___Yes ___No

Was/were your event(s) videotaped?
___Yes ___No
Did you have any issues with recordings? If so, what were they and were they resolved?
_____________________________________________________________________________________
_____________________________________________________________________________________

Was your event covered by media?
___Yes  ___No

Did you have extra security or alert police about your event?
___Yes  ___No

Any questions or comments to LWVNYS on candidate events?
_____________________________________________________________________________________
_____________________________________________________________________________________

Section 4 - Get Out the Vote Efforts
Did you league find the Get Out the Vote Toolkit helpful?
___Yes  ___No

Has your league done GOTV effort in the past?
___Yes  ___No

Do you think it was successful? Why or why not?
_____________________________________________________________________________________
_____________________________________________________________________________________

Were you able to measure your results?
___Yes  ___No
If so, how?
_____________________________________________________________________________________

Will you make any changes to GOTV efforts next year?
___Yes  ___No

How can LWVNYS help with your efforts?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Return completed survey to LWVNYS by November 20, 2019
Email to LWVNY@lwvny.org or fax to 518-465-0812
Mail to LWVNYS, 62 Grand St, Albany, NY 12207