



JOHNSON COUNTY REPUBLICAN PARTY

First Name: _____

Last Name: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Ward: _____ Precinct: _____

State House of Representatives District #: _____ State Senate District #: _____

How did you learn about the Precinct Committee Person (PCP) position?

Why are you interested in being a PCP?

How many hours per month can you dedicate to this position?

I am also interested in volunteering in the following capacities:

- Canvassing
- Office Work
- Phone Banking
- Events
- Other: _____

Please provide a short biography and a recommendation letter from another PCP, an elected official, or a grassroots activist in Johnson County.

Review the Precinct Committee Person's responsibilities and expectations by clicking [here](#).

I have reviewed the materials provided above, and I understand my responsibilities and the expectations in relation to the position.



Precinct Committee Person Interest Form

Signature _____

Date: _____

For JCRP use only:

Precinct filled? Yes No

If Precinct is filled, who is the Committeeman and Committeewoman? _____

Recommendation provided? Yes No Recommendation checked? Yes No

Name of person making the recommendation: _____

(Please attach a Letter of Recommendation to this form.)

Add the person making the recommendation to Constant Contact if not already on the mailing list.

Candidate Appointment Date: _____

JCRP Personnel Reviewing Application:

Printed Name: _____

Signature: _____