

WELCOME TO THE DISTRICT LEADER NETWORK!

Goals

The goal of PNHP California's District Leader Network is to give PNHP volunteers the opportunity to develop ongoing relationships with their legislators and other key community leaders in order to encourage their support of a single payer health insurance program.

Duties and Responsibilities:

- Participate in a monthly conference call (about 1 hour each month)
- Coordinate and carry out a monthly grassroots activity (about 2 hours each month)
- Attend a yearly training conference and lobby day.

Grassroots Activities

Each month, District Leaders will be asked to do one grassroots activity. For example:

- Coordinate and participate in a visit to an elected official with other PNHP members in the local area. Officials include U.S. Senators, U.S. Representatives, State Assembly Members and State Senators.
- Or, sponsor an educational event for the public in the district
- Or, sponsor an educational event (e.g. Grand Rounds) for health care professionals in the district
- Or, communicate with the press:
 - Meet with the editorial board of the local newspaper to discuss their coverage of single payer.
 - Write an article for the opinion-editorial section of the newspaper
 - Write a letter-to-the-editor for the local newspaper
 - Write about single payer in other media formats
- Or, arrange a site visit by a legislator, e.g. to a health care facility
- Other activity as assigned by the Network Coordinator

Useful Skills to be a District Leader

- Availability to volunteer 3 hours a month on a regular basis
- Interest in the political process, government and elections
- Passion for the single payer plan
- Experienced with public speaking
- Good organizational skills

District Leader Training

PNHP will provide training for its District Leaders on:

- The details of the single payer issue
- The basics of the legislative process
- Grassroots skills, including tips for effective meetings with elected officials
- Slideshow presentations for the public and health care professionals
- Monthly support for carrying out the assigned activity

I agree to volunteer to perform the duties listed above. If at any time I am unable to carry out the duties, I will notify the Network Coordinator.

Signed

Date

My District Numbers (where I vote):

U.S Congressional: ____ State Senate: ____ State Assembly: _____

Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Title: _____

Company: _____

Work Street Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____

Alternate phone: _____

Email address: _____