

# Town of Dekorra

## Application for Election Inspectors

|  |   |        |      |
|--|---|--------|------|
| First Name:  | Last Name:  |        |      |
| Address:   | City:   | State: | Zip: |
| Social Security Number:      —      —<br>necessary for paid officials. Please enter N/A if you would like to donate your time.   | Email Address:  |        |      |
| Daytime Phone:   | Cell Phone:   |        |      |
| Are you age 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If no, enter date of birth: _____  | Do you require any special accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, please list your requirements (please include food allergies): |        |      |
| Are you currently a <b>registered member</b> of a political party? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If yes, please indicate: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Other _____ |   |        |      |

(Check all that apply)

- ☐ I wish to work as an Election Official for the current term (terms are January 1, even year through December 31<sup>st</sup>, odd year).
- ☐ I wish to work as an Election Official until further notice and will notify the Clerk if any of the above information changes.
- ☐ I would like to attend the Chief Inspector core training:    ☐ Online    ☐ In person, when available.

### **Preferred Shift:**

- ☐ 1<sup>st</sup> shift (6:30 am – 2:00 pm)
- ☐ 2<sup>nd</sup> shift (1:45 pm – close of polling station)
- ☐ Either shift
- ☐ Double shift (6:30 am – close of polling station)

### **Which elections are you available to work? (Check all that apply)**

- ☐ Spring Primary (3<sup>rd</sup> Tuesday in February, every year)
- ☐ Spring Election (1<sup>st</sup> Tuesday in April, every year)
- ☐ Fall Primary (2<sup>nd</sup> Tuesday in August of even-numbered years)
- ☐ General Election (1<sup>st</sup> Tuesday after first Monday in November of even-numbered years)

### **APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date