

Election Board Worker Application

Please complete the following information: You must be a registered voter.

Name: _____ DOB: _____

Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Please check this box to be removed from the Election Worker list.

Please circle/write your responses:

- | | | |
|--|-----|----|
| 1. Do you currently live in Labette County? | Yes | No |
| 2. Are you a registered voter in Labette County? | Yes | No |
| 3. Do you have transportation? | Yes | No |
| 4. Can you drive at night? | Yes | No |
| 5. Are you able to attend training? (2-4hrs) | Yes | No |
| 6. Can you work a 14+ hr. shift? | Yes | No |
| 7. Are you comfortable working under pressure? | Yes | No |
| 8. Can you lift up to 5-10 lbs.? | Yes | No |
| 9. Have you ever been convicted of a felony? | Yes | No |
| 10. How often are you able to work? (August/Primary, November/General, or All) | | |

What do you think the most important part of being an Election Board Worker is?

Please list an emergency contact number: *Name, Address, Phone Number*

I hereby declare that all the given information above is true to the best of my knowledge and ability, I understand that any incorrect incomplete, or false information furnished by me may void this application.

Signature of Applicant

Date

Thank You For Your Interest In Serving Labette County.
If Asked To Serve You Will Be Compensated For Your Time.

Office Use Only:

Rec'd by: _____ Ward/Twp: _____ Date: _____

Please return the application in person or by mail to :
Labette County Clerk's Office
Att: Election Division
501 Merchant/PO Box 387
Oswego, KS 67356