



# Election Worker Application

## Applicant Information (Please print clearly)

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (only if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. May we text reminders to you?

Yes

No

2. Mail Preference

Mail

Email

3. Please check all that apply:

I will work only in my home precinct

I am willing to work in any precinct

4. Election Day - All Day or Split Shift? Please circle one

5. I am interested in serving in these positions:

(Please check all that apply)

Election Day Supervising Judge

Election Day Clerk

Early Voting in our office

Resolution Board Election Day

Post-Election Audit Board

Canvass Board

## Emergency Contact Names and Phone Numbers

1. Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

I affirm that:  I have never been convicted of a crime;  I am a U.S. citizen of the United States and is a registered voter in Saline County.

The information provided is complete and correct to the best of my knowledge. I understand that any incomplete, incorrect, or false information furnished by me may void this application.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Submission Instructions

Return completed applications:

- By Email: scan or take a picture of the application and email to [jamie.doss@saline.org](mailto:jamie.doss@saline.org)
- By Mail or In Person: 300 W Ash St, Room 215, Salina, KS 67401 or By fax: 785-309-5826