



ELECTION WORKER APPLICATION

Application 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

4. Election Day do you prefer:

- ☐ All Day or
☐ Split Shift

2. Mail Preference

- ☐ Mail
☐ Email

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
☐ Set-Up/ Delivery/ Poll Support

3. Please check all that apply:

- ☐ I will work only in my home precinct
☐ I am willing to work in any precinct

Emergency Contact Names and Phone Numbers

Contact Name: _____ Contact Phone: _____

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

The information provided is complete and correct to the best of my knowledge. I understand 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 dossj@salinecountyks.gov or
By Mail or In Person: 300 W. Ash Street, Room 215, Salina, Kansas 67401 or by Fax: 785-309-5826