



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

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 do you prefer:

- All Day or
- Split Shift

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

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