

Election Worker Registration Application



Please complete the following information:

Name: _____
 Home Address: _____

 Mailing Address: _____

 (if different) _____

 Home Phone #: _____ Cell Phone #: _____
 E-Mail Address: _____

Please Circle and/or write your responses:

1. Willing to work anywhere in the county? Yes No
 2. Can you work a 14 hour day? Yes No
 3. Do you need any special accomdatations? Yes No
 Handicap Parking? Yes No
 Handicap Restrooms? Yes No
 Other: _____

4. Ever been convicted of a crime that affects your ability to be an election worker?
 Yes No
 If yes, list date, place and nature of offenses: _____

5. Please list a name(s) and phone #s of someone that we may contact in an emergency:
 Contact#1: _____ Phone#: _____
 Contact#2: _____ Phone#: _____

6. List any languages that you speak fluently besides English _____

7. Do you know of anyone else who would be interested in working in an election?
 Name, Address, & Phone: _____

8. Please list any work experience: _____

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

Signature of Applicant

Date

Please return this application in person or by mail to:

Crawford County Clerk's Office
Elections Division
111 East Forest
P.O. Box 249
Girard, KS 66743



We will try to contact you regarding this application within 2-3 weeks of receipt.
Thank you for your interest in serving our county.

Office use only:

Received by: _____ Date: _____