

**MIDDLESEX COUNTY
APPLICATION FOR OFFICER OF ELECTION**

Name _____ Home Phone _____

911 Address _____ Work Phone _____

P.O. Box _____ City _____ State _____ Zip _____

Email _____

Voting Precinct _____

Please Circle below

I would like to apply to be an Officer of Election.

Yes No

Do you hold any elected office, whether paid or unpaid, under the Government of the United States, or of Virginia County, City or Town?

Yes No

Are you the deputy of any elected official or the employee of any elected official or governing body?

Yes No

I will accept appointment as an Officer of Election, and I agree to represent the

Democratic Party Republican Party Other _____

I also agree to represent either Party when so needed at the polls.

Yes No

I will serve as Chief or Assistant Chief.

Yes No

I will attend all required training sessions.

Yes No

I would prefer to work a

Full Day Half Day AM (5am until 1pm) Half Day PM (12pm until close)

I understand that I may be assigned to work in a precinct other than the one in which I am registered to vote and that I may be required to work a full day, if needed. I understand that I will be required to attend a training session prior to the election date.

If you would like to recommend others as possible officers of election, please list the names and contact information on the back of this form. Please sign and return this completed form to:

Secretary of the Electoral Board

P.O. Box 358

Saluda, VA 23149

Signature

Date