APPLICATION FOR OFFICER OF ELECTION
MIDDLESEX COUNTY

Name_____ Home Phone_____

911 Address_____ Work Phone_____

P.O. Box_____ City_____ State_____ Zip_____

Email _____

Voting Precinct_____

Please Circle below

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 (Choose One)

I would prefer to represent the Democratic Party. Please forward my information to the party chair.

I would prefer to represent the Republican Party. Please forward my information to the party chair.

I would prefer to be unaffiliated.

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

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Signature **Date**