



Douglas County Election Office

Election Worker Application

Applicant Information (Please print clearly)

Full Name: _____ Preferred Name: _____

Home Address: _____ City : _____ Zip: _____

Mailing Address (only if different): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. May we text reminders to you?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>2. Mail Preference</p> <p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Email</p> <p>3. Please check all that apply:</p> <p><input type="checkbox"/> I will work only in my home precinct</p> <p><input type="checkbox"/> I am willing to work in any precinct</p> <p><input type="checkbox"/> I must work with my Spouse</p> <p><input type="checkbox"/> I prefer to work with my Spouse</p> | <p>4. Election Day - All Day or Split Shift? Please circle one</p> <p>5. I am interested in serving in these positions:</p> <p>(Please check all that apply)</p> <p><input type="checkbox"/> Election Day Supervising Judge</p> <p><input type="checkbox"/> Election Day Clerk</p> <p><input type="checkbox"/> Advance Voting Site</p> <p><input type="checkbox"/> Early Voting in our office</p> <p><input type="checkbox"/> Advance Mail Board</p> <p><input type="checkbox"/> Write In Board</p> <p><input type="checkbox"/> Canvass Board</p> <p><input type="checkbox"/> Audit Board</p> |
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Emergency Contact Names and Phone Numbers

1. Contact Name _____ Contact Phone _____

2. Contact Name _____ Contact Phone _____

I affirm that:

- I have never been convicted of a crime;
- I am a U.S. citizen of the United States and is a registered voter in Douglas County.

The information provided is complete and correct to the best of my knowledge. I understand that 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 elections@douglascountyks.org
- By Mail or In Person: 1100 Massachusetts Street, Suite 100, Lawrence, KS 66044
- By fax: 785-832-5192