

Town of Dekorra

Application for Election Inspectors

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|--|---|--------|------|
| First Name: | Last Name: | | |
| Address: | City: | State: | Zip: |
| Social Security Number (necessary for paid officials) — — | Email Address: | | |
| Daytime Phone: | Cell Phone: | | |
| Are you age 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, enter date of birth: _____ | Do you require any special accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list your requirements: | | |
| Are you currently a registered member of a political party? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Other _____ | | | |

(Check all that apply)

- I wish to work as an Election Official for the current term.
 I would like to attend the Chief Inspector core training: Online In person, when available.

Preferred Shift:

- 1st shift (6:30 am – 2:00 pm)
 2nd shift (1:45 pm – close of polling station)
 Either shift
 Double shift (6:30 am – close of polling station)

Which elections are you available to work? (Check all that apply)

- Spring Primary (3rd Tuesday in February, every year)
 Spring Election (1st Tuesday in April, every year)
 Fall Primary (2nd Tuesday in August of even-numbered years)
 General Election (1st Tuesday after first Monday in November of even-numbered years)

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

Signature of Applicant

Date

W8225 County Road JV. Poynette, WI 53955, Phone: 608-635-2014
Email: townclerk@dekorra-wi.gov
www.dekorra-wi.gov