

# Application for Officer of Election

## Greene County

*(Please print)*

Name: \_\_\_\_\_  
*LAST NAME FIRST NAME MIDDLE NAME*

Address: \_\_\_\_\_  
*RESIDENTIAL ADDRESS CITY STATE ZIP*

Mailing Address (If different from above):

\_\_\_\_\_  
*ADDRESS CITY STATE ZIP*

Email: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell \_\_\_\_\_

Party: (Please select one) : \_\_\_\_\_ D – Democratic  
\_\_\_\_\_ R – Republican  
\_\_\_\_\_ N – No Party

Are you willing to work outside of your voting precinct? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you aware that election officers must report at 5:00 a.m. and stay at the polling place until released by the precinct chief (generally between 8:00 and 9:00 p.m.)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you aware that all election officers must attend at least one training session (approximately 2 hours long) prior to each election? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you want to serve as a volunteer election officer? If you answer yes, it means that you WILL NOT BE PAID for your service. \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you hold elective office or are you the deputy or employee of an elected official of the governments of the United States, the Commonwealth of Virginia, or any Virginia county, city, or town?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If employed, do you anticipate any conflicts with your job scheduled on Election Day? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

Do you have experience as an officer of election in another locality? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you know sign language? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list any languages (besides English) that you are proficient in. \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_