

LAKE COUNTY ELECTION DEPT. -ELECTION JUDGE APPLICATION

This form must be completed by the applicant.

MAIL TO: Lake County Election Department
106 4th Ave E
Polson MT 59860

Please mail, deliver or FAX this form to
406-883-7203

Party Affiliation: Constitutional Democratic Green Libertarian Reform Republican No Pref.

NOTE: 1. Judges should be physically able to endure long (15) hours on Election Day.

2. Judges are required to attend a training session in order to work, except in the case of an emergency replacement. Judges are paid for attending the class when they work the election.

Provide current information. Please update information as changes occur, especially phone numbers.

Name _____

Birthdate _____

Address _____

Social Security Number _____

(If you're new please provide a copy of your SS card to the Election Dept)

City _____

Apt/Unit# _____

Zip _____

Email Address: _____

Primary Phone _____

Alt. Phone _____

Position you are willing to work (check all that apply) Polling place manager Chief Election Judge

Election Judge Election Office Assistant Absentee Board (generally work two days)

Do you want to work a split shift? No Yes (If yes, provide the name of the person who will work the other part of the shift and your preferred shift AM or PM)

• Name: _____

• Contact Info: _____

Rate your computer skills/experience Excellent Fair None

Will you work in a different precinct than your own? Yes No

I certify that I am a registered elector; that I am physically and mentally able to perform and complete assigned tasks; I will attend a class of instruction; and if I become a candidate or immediate family member of a candidate in the precinct in which I am serving, I will notify the Election Department immediately for replacement. [M.C.A. 13-4-107]

SIGNATURE _____ **DATE** _____

For Office Use Only - Assigned Precinct _____

PM CJ EJ Voter ID _____

 **THANK YOU FOR SERVING YOUR COMMUNITY!** 