



**CITY OF VIRGINIA
ELECTION JUDGE APPLICATION-2018**

NAME: _____

	Yes	No
I am available to serve as an Election Judge this year <i>If YES, continue to complete remaining application information below If NO, please print name above, check "No" and return</i>		

Address: _____

Home #: _____ Work/Cell #: _____

Email (if available): _____ Social Security #: _____
(for payroll and tax reporting purposes)

Party Affiliation: DFL Republican Independence No party affiliation

	Yes	No
I am available to work the Primary Election on Tuesday, August 14, 2018		
<input type="checkbox"/> All day (6:00 a.m. until closing; vote tally)		
<input type="checkbox"/> Morning Shift (6:00 a.m. to 2:00 p.m.)		
<input type="checkbox"/> Afternoon Shift (2:00 p.m. until closing; vote tally)		

	Yes	No
I am available to work the General Election on Tuesday, November 6, 2018		
<input type="checkbox"/> All day (6:00 a.m. until closing; vote tally)		
<input type="checkbox"/> Morning Shift (6:00 a.m. to 2:00 p.m.)		
<input type="checkbox"/> Afternoon Shift (2:00 p.m. until closing; vote tally)		

	Yes	No
I am willing to serve as Head Judge.		
I am willing to be a Health Care Judge		

Absentee Ballot Processing:

	Yes	No
I am interested in serving on the Absentee Ballot Board.		

Relatives:

	Yes	No
Do you have a relative who is applying to be an election judge in Virginia? If yes, state person's name and relationship.		
Are you a relative of any candidate who is or may be applying for offices on the ballot? If yes, please explain relationship.		

Emergency Contact:

Who can we contact in case of emergency?
Please include name, address, phone number and relationship.

(PLEASE COMPLETE BACK SIDE)

Tennesen Warning

Information requested that is defined by state statute as public may be released on request. Private data containing your permanent address/home telephone number will be used to contact you. If you become employed with the city, your social security number will be released to the Social Security Administration and Internal Revenue Service for payroll and tax purposes. You are not legally required to provide the information. Failure to provide may result in a delay in notifying you. This information is available only to the person the information is about, and anyone authorized by you or law to see it. I authorize that my address and telephone number can be given to another election judge, St. Louis County election personnel, or the Virginia School District election personnel for the sole purpose of contacting me regarding election work. I waive my right to claim and hereby agree to hold harmless the City of Virginia and any of its agents or employees for any injury or damage which I may experience as a direct or indirect result of the intended use of this information.

By signing here I affirm that I am 18 years of age or older, a United States Citizen, able to read, write, and speak English, have not had my civil rights denied due to conviction of a felony, and have read and understand the Tennesen Warning above.

Signature: _____

Date: _____

IF YOU HAVE QUESTIONS, PLEASE CONTACT:
PAMELA LABINE, CITY CLERK, AT 748-7500, EXT. 579

Mail application to:

City of Virginia
Attention: Pamela LaBine, City Clerk
327 South 1st Street
Virginia, MN 55792