

Please return to:
Flathead County Election Department
40 11th St West #230
Kalispell, MT 59901-5799

Phone: (406) 758-2453 Fax: (406) 758-5877

Website: <http://flathead.mt.gov/election>



ELECTION JUDGE APPLICATION-2020

All Election Judges shall attend a mandatory training class and will be paid \$25. However, to be paid for the training class, Election Judges **must** work on Election Day. _____ (please initial)

All Election Judges shall sign and abide by the Election Judge Code of Conduct.

QUALIFICATIONS:

- I. Are you a registered voter of Flathead County? Yes No
- II. Are you a candidate, spouse, child, parent, or sibling of a candidate or a candidate's spouse or the spouse of any of these in a precinct where the candidate's name appears on the ballot for anything other than a precinct office? Yes No
- III. Are you able to work a 12 to 15 hour day, with the ability to sit, and or stand, for an extended period of time? Yes No

ELECTION JUDGE INFORMATION:

Party Affiliation~ Constitutional Democratic Green Independent Reform Republican No Preference

Name _____ Birthdate _____

Address _____ City _____

Zip _____ Email Address: _____

Primary Phone _____ Cell Phone _____

* Social Security Number _____

**All new election judges are required to provide a copy of their Social Security card when they submit their application. (To be used for payroll purposes ONLY)*

1. Position you are willing to work (check all that apply) Chief Election Judge Election Judge Absentee Board

2. Do you want to work a split shift Yes No (PLEASE PROVIDE THE NAME OF THE INDIVIDUAL WHO WILL SPLIT THE SHIFT WITH YOU)

3. Do you know someone who wants to split the shift with you? Yes No

If yes, name: _____ I prefer to work AM PM

4. Will you work in a different precinct than your own? Yes (if necessary) No

5. Please select the date(s) you would like to be considered to serve as an Election Judge.

Primary Election Day, Tuesday, June 2, 2020

General Election Day, Tuesday, November 3, 2020

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 _____

 **Thank you for serving your community!** 