

Flathead County Election Department
290 B N. Main St
Kalispell, MT 59901
Phone: (406) 758-5535 Fax: (406) 758-5877
Website: <http://flathead.mt.gov/election>



ELECTION JUDGE APPLICATION 2024

All Election Judges shall attend a mandatory training class and will be paid \$42. However, to be paid for the training class, Election Judges **must** work on Election Day. Attendance at training does not guarantee work on election day. _____ (please initial).

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
- IV. Are you interested in working as paid judge or volunteer? Paid Volunteer
- Paid Judges must provide a copy of their SSN card for payroll purposes only.

ELECTION JUDGE INFORMATION:

Party Affiliation Constitutional Democratic Green Independent Libertarian Republican No Preference _____

Legal Name _____

Birthdate _____

Physical Address _____

City & Zip _____

Mailing Address _____

City & Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Emergency Contact Name _____

Emergency Contact Phone _____

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

2. Are you willing to work in a precinct other than your own? Yes No I will if necessary

3. Please select the election date(s) that you are available to serve as an Election Judge.

Primary Election Day, Tuesday, June 4, 2024

General Election Day, Tuesday, November 5, 2024

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!**

