

FLATHEAD COUNTY ELECTION DEPT. –ELECTION JUDGE APPLICATION

This form must be completed by the applicant.

MAIL TO: Flathead County Election Department
800 S. Main- Room 115
Kalispell MT 59901

Please mail, deliver or FAX this form to
406-758-5877

Party Affiliation~ Constitutional Democratic Green Independent Reform Republican No Pref

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

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

Are you bilingual? No Yes ~ Language _____

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!

