

# 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 **MUST** attend a training session in order to work. 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 \_\_\_\_\_

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  Setup and teardown (**requires the ability to lift 70 pounds**)

Do you want to work a split shift  No  Yes (If yes, please provide the name of the person who will work the other part of the shift

If yes, name: \_\_\_\_\_ I prefer to work  AM  PM

Rate your computer skills/experience  Excellent  Fair  None

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

Do you prefer to work at the Courthouse processing absentee ballots?  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!

