

2012 Election Worker Information

Please Print:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

1. Are you willing to work in any precinct in the county? _____

2. Do you need any special accommodations? Yes _____ No _____

Handicap Parking Space: _____ ADA Accessible Restroom: _____

Other: _____

3. Have you ever been convicted of a crime that may affect your ability to be an election worker? Yes _____ No _____

If yes, list the date of the crime, where the crime occurred, and the nature of the crime.

4. Please list a name and telephone number of someone we can contact in an emergency.

Contact #1: _____ Phone: _____

Contact #2: _____ Phone: _____

I am able to work: August 7th: _____ November 6th: _____

Mandatory training will be available; times will be announced at a later date.

“The information provided is complete and correct to the best of my knowledge. I understand that any incomplete, incorrect or false information furnished by me may void this application.”

Signature of Applicant: _____ Date: _____

For questions please contact: Julie Ybarra: jybarra@douglas-county.com or 785.832.5182

**Please Send Completed Application to:
Douglas County Election Office
1100 Massachusetts St. Ste 100
Lawrence KS 66044**