



Officer of Elections Interest Form

Do you want to get involved in the democratic process and help voters on Election Day?

Complete this form, if you would like to be placed on a list of *potential* Officers to be presented to Harrisonburg City Electoral Board for approval.

First Name	M.I	Last Name	Suffix
I am registered to vote in Virginia.	☐ Yes ☐ No las	st 4 of your SSN	Year of Birth
Address		City	ZIP
Primary Phone Number		Cell Phone? 🗆 Y	es \square No May we text you? \square Yes \square N
Email Address			
Are you willing to work at any pol	ling location in Ha	arrisonburg? 🗆 Yes 🗆 No)
Do you have access to dependabl	e transportation?	☐ Yes ☐ No	
Languages other than English tha	t you speak		
* Do you, hold any elected offic of Virginia, or any Virginia Cou			of the United States, the Commonwealt
* Are you the deputy or emplo	yee of an elected	d official? ☐ Yes ☐ No	
* I am willing to work a full dath the polls close. \square Yes \square No	y of voting start	ing at 5:00am and endin	ng after all the paperwork is signed afte
Select as many as apply:			
\square I agree to represent the Dem	ocratic Party.		
\square I agree to represent the Repu	ıblican Party.		
	•	fficer of Election (Indepe ve as Chief or Assistant C	ndent). I further acknowledge that Chief.
\square I am interested in working f	or the following	elections:	
☐ June Primary			\square November General Election
The June Primar on the third Tues June.			November General Election Day occurs on the Tuesday after the first Monday in November.
Signature			Date