Wyandotte County Election Office
P.O. Box 171767
Kansas City, KS 66117-0767

BOARD WORKER
Board Worker Application Form

Complete this application to be considered for the Election Worker Team!

Note: You must be a registered voter. You must attend a mandatory four-hour training course prior to each election as well as special training on the operation of voting equipment. Please note: Election Days are 14-hour long work days.

Name: ___________________________________________ Date of Birth: ____ / ____ / ____

(Please Print)

Address: ______________________________________________________________________

City: ___________________________________ Zip Code: ________

(You must be a resident of Wyandotte County.)

TELEPHONE:
(HOME) ___________________ (WORK) ___________________ (CELL) ___________________

I am willing to receive text messages about training on my cell phone. ☐ Cell Provider ______________________

Email Address __________________________________________________________________

Emergency Contact Names and Telephone Numbers:

1. ___________________________ ( ) ______________________________
2. ___________________________ ( ) ______________________________

1. What is the maximum distance you are willing to travel to your assigned polling location on Election Day? ________ miles (one way)
2. Do you need any special accommodations (choose one)? _____ Yes (Please describe) ____ No

___________________________________________________________________________

3. Have you ever been convicted of a crime? _____ Yes (Please describe) _____ No

(Provide date, location, and title of crime)

Mail, fax or deliver this form to the Election Office. We interview all applicants. Selection of workers is based on need and is not guaranteed. You will be notified only if selected to work a specific election.

How did you find out about how to apply to be a board worker?

__________________________________________

(Name of person or organization)

I swear or affirm that the information provided on this application is true and complete.

Applicant’s Signature ___________________________ Date ______________

THANK YOU FOR YOUR INTEREST IN JOINING THE ELECTION WORKER TEAM