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

Place Stamp Here

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

BOARD WORKER



Wyandotte County Election Office

Michael G. Abbott, Election Commissioner Frances D. Sheppard, Assistant Election Commissioner

Board We Complete this application Note: You must be a registered voter. You election as well as special training on the hour long work days. Name: (Please Print)	to be considered ou must attend a ma operation of voting	ndatory four-hour training equipment. Please note:	g course prior to each Election Days are 14-	
Address:				
City:(You must be a resident of Wyandotte County.))	Zip Code:		
TELEPHONE:				
(HOME) (WORK)				
I am willing to receive text messages about trai				
Email Address				
Emergency Contac	t Names and Tele	phone Numbers:		
2	()			
 What is the maximum distance you are willing to travel to your assigned polling location on Election Day? miles (one way) Do you need any special accommodations (choose one)? Yes (Please describe) No Have you ever been convicted of a crime? Yes (Please describe) No 				
(Provide date, location, and title of crime)				
How did you find out about how to apply to be a board worker?	We interview all a Selection of work	er this form to the Election applicants. ers is based on need and i ed only if selected to wor	s not guaranteed.	

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

Phone: 913-573-8512 Fax: 913-573-8580