



CITY OF SPRING PARK ELECTION JUDGE APPLICATION

PLEASE RETURN COMPLETED FORM: Spring Park City Hall, Attn: City Clerk, 4349 Warren Avenue, Spring Park, MN 55384 OR E-MAIL – tschyma@ci.spring-park.mn.us OR FAX – 952-471-9160 Phone: 952-471-9051		
Last Name	First Name	Date
Street Address	City	State Zip Code
Daytime Phone	Evening Phone	Email Address

ELECTION DAY AVAILABILITY (please indicate the shifts you are available to work)

Presidential Primary Tuesday, March 3, 2020	Primary Election Tuesday, August 11, 2020	General Election Tuesday, November 3, 2020
<input type="checkbox"/> 6:00 a.m. to close <input type="checkbox"/> 6:00 a.m. to 10 a.m. <input type="checkbox"/> 10 a.m. to 2 p.m. <input type="checkbox"/> 2 p.m. to 6 p.m. <input type="checkbox"/> 6 p.m. to close <input type="checkbox"/> I can work any shift needed	<input type="checkbox"/> 6:00 a.m. to close <input type="checkbox"/> 6:00 a.m. to 10 a.m. <input type="checkbox"/> 10 a.m. to 2 p.m. <input type="checkbox"/> 2 p.m. to 6 p.m. <input type="checkbox"/> 6 p.m. to close <input type="checkbox"/> I can work any shift needed	<input type="checkbox"/> 6:00 a.m. to close <input type="checkbox"/> 6:00 a.m. to 10 a.m. <input type="checkbox"/> 10 a.m. to 2 p.m. <input type="checkbox"/> 2 p.m. to 6 p.m. <input type="checkbox"/> 6 p.m. to close <input type="checkbox"/> I can work any shift needed

TRAINING AVAILABILITY (please indicate each training session you are able to attend)

Presidential Primary Training	Primary Election New & Refresher Training	General Election Refresher Training
<input type="checkbox"/> Tues., 2/18 – 6 – 8 p.m. <input type="checkbox"/> Wed., 2/19 – 10 a.m. – noon *This training is required for any judge wanting to work on March 3	<input type="checkbox"/> Tues., 7/21 – 6 – 8 p.m. <input type="checkbox"/> Wed., 7/22 – 10 a.m. – noon	<input type="checkbox"/> Tues., 10/20 – 6 – 8 p.m. <input type="checkbox"/> Wed., 10/21 – 10 a.m. – noon <input type="checkbox"/> Thurs., 10/22 – 3:30 – 5:30 p.m.

**If none of the above times work to attend training, please contact the City Clerk to see what other options are available.*

ADDITIONAL OPPORTUNITIES FOR WORK (check all opportunities that you are interested in)

<input type="checkbox"/> Health Care Judge (approximately 2 weeks before the election – judges assist voters at local nursing home facility) <input type="checkbox"/> Direct Balloting Assistance (final week before each election staff need assistance with in-person voters at City Hall)

POLITICAL PARTY AFFILIATION (please mark your party affiliation below)

Polling places need to maintain party balance on Election Day. Also some election judge duties require pairs of judges of different political parties to complete a task. This information will be kept private with City staff and the Head Judge. <input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Legal Marijuana Now <input type="checkbox"/> Grassroots-Legalize Cannabis <input type="checkbox"/> Other or no party affiliation

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ELECTION JUDGE QUALIFICATIONS: (M.S. 204B.19)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older, a Minnesota resident for at least 20 days, and a U.S. citizen?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you read, write and understand English?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a candidate for or do you currently hold public or political party office?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a relative of any candidate or live with any candidate for any of the offices on the ballot? If yes, please provide their name and relationship: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a relative who is applying to be an Election Judge at this time? If yes, please provide their name and relationship: _____

SPECIAL SKILLS (check all that apply)

<input type="checkbox"/> Previous supervisory experience	<input type="checkbox"/> Previous customer service experience
<input type="checkbox"/> Experience using tablets, laptops (e.g. iPads)	<input type="checkbox"/> Previous election judge experience

EMPLOYER NOTIFICATION

Employers must allow persons serving as an Election Judge time off work without penalty. Employers may only deduct the wages you make as an Election Judge from your regular wages. Will you need a letter from the City indicating your Election Judge wages and hours? <input type="checkbox"/> Yes <input type="checkbox"/> No

ELECTION JUDGE GUIDELINES

To ensure fair and honest election results, if selected to serve as an election judge, I will adhere to the following:

- I will arrive at my assigned polling place at the assigned time and remain until my assigned time or when excused by the Head Judge.
- I agree to be courteous, respectful and to assist all voters regardless of national origin, physical challenge or efficiency in the English language.
- I agree to attend Election Judge Training so that I am prepared to fulfill my assigned responsibilities to conduct the election according to federal, state and local election laws and policies.
- I understand that we are responsible for the security of election equipment and supplies and I will handle and monitor all such equipment and supplies exactly as instructed.
- I agree to complete all documentation required by federal, state and local election laws for my assigned position's responsibilities as accurately and completely as possible.
- I will refrain from making personal and political opinion comments while serving as an election judge.
- I certify that all information I have provided on this application is correct and that I have not omitted any information. I understand that giving false information or omitting requested data may disqualify me from further consideration as an election judge or result in dismissal, if discovered at a later date.
- I certify that I am eligible to vote in Minnesota and eligible to work as an Election Judge.
- I authorize the City of Spring Park to verify the information I have provided on this application.

SIGNATURE

By signing and submitting this form you agree to the above statements. Please read those statements carefully.

Signature _____ Date _____