



ELECTION JUDGE
APPLICATION FORM

Name : _____

Address: _____

City/State/Zip: _____

Home : _____

Cell: _____

E-mail: _____

Preferred method to receive notifications: _____ US Postal Mail _____ E-mail

Primary Election:

Preferred Work Shift _____ 6:30am-1:30pm _____ 1:30pm-9:00pm
 _____ 6:30am-9:00pm _____ Other

General Election:

Preferred Work Shift _____ 6:30am-1:30pm _____ 1:30pm-9:00pm
 _____ 6:30am-9:00pm _____ Other

Political Party Affiliation: _____ Independence _____ Republican
 _____ Other _____ Democratic-Farmer-Labor

By signing below, you certify you meet the following qualifications to serve as an election judge:

- Eligible to vote in Minnesota.
- Able to read, write, and speak English
- Are not a spouse, parent, child, or sibling of any election judge serving in the same precinct at the same time.
- Are not a candidate or the spouse, parent, child, or sibling of any candidate on the ballot in the precinct you are working.

Signature: _____

Date: _____