



Washington Township Clerk's Office
57900 Van Dyke
Washington MI 48094

ELECTION INSPECTOR APPLICATION

Full Name: _____
Last First MI

Address: _____
Street Apt.#

City Zip

Home Phone: (____) _____ Alternate Phone: (____) _____

E-mail address: _____

Birth Date: ____/____/____ Political Party Affiliation: Rep Dem Other
(you must select one) Specify: _____

Registered in: City/Twp/Village of: _____ Precinct #: _____

County of: _____ Length of Residence in County: _____

Have you ever been convicted of a felony or election crime? Yes No

Educational Background: _____

Employment Background: _____

Languages other than English that you speak (if any): _____

Past Election Experience: _____

Laptops are now used at all precincts.
Are you familiar with
using a laptop? ____ Yes ____ No

Do you have
Transportation: ____ Yes ____ No

Will you work any
polling place?

I CERTIFY THAT I am not a member of or a known advocate* of a political party other than the party identified above. I
FURTHER CERTIFY THAT the foregoing statements are true to the best of my knowledge and belief.

Signature of Applicant

Date

A known active advocate of another political party is defined to mean a person who 1) is a delegate to the convention or an officer of another party 2) is affiliated with another party through an elected or appointed government position OR 3) has made documented public statements specifically supporting by name another political party or its candidates in the same calendar year as the election at which the person will serve as an election inspector.

"Documented public statements," means statements reported by the news media or written statements with a clear and unambiguous attribution to the applicant.

ANY FALSE STATEMENTS ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT

EMERGENCY CONTACT INFORMATION

Full Name: _____
Last *First* *MI*

Address: _____
Street *Apt. #*

City *Zip*

Home Phone: (____) _____ Alternate Phone: (____) _____

Relationship: _____