Phone (515) 690-9180 Fax (515) 690-9189



Precinct Election Official Application

Name:			
Address:			
City:	Zip code:	******	
Phone #:	Email:		
Party Affiliation:			
Please circle YES or NO belov	v :		
Would you like to be a chairpo	erson? (Leader of polling place)	YES	NO
Would you like to be co-chair? (Help the leader with duties)		YES	NO
Can you work in a precinct be	side your own? (outside of your home preci	inct) YES	NO
Do you want to work with ou	r absentee group? (Open Absentee ballo	ots) YES	NO
Would like to go to a nursing	home to let them vote?(Assigned time to	vote)YES	NO
What its all about!			
Becoming a precinct election offic you help your community get it do	ial can be fun and nerve wracking sometimes l one!	but in the	end
help with any questions you may h	g classes to help guide you through the whole place. You'll be using a software called Tenex, we do you every step of the way! We can't do elect	which is an	
This is a paid position by the audite	ors office		
If you are interested please comple	ete this form and mail/email (<u>auditor@warren</u>	icountyia.	stā)
If you have any questions, please c	all our office at 515-690-9180		

Warren County considers these applications on an ongoing basis