

Douglas County Clerk
University of Kansas Election Worker Application

Are you: ___ Faculty ___ Staff ___ Student

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

1. Are you willing to work in any precinct in the county? _____

2. Will you be able to provide a cell phone for use at the voting place?
If yes please provide the number. _____

3. Do you need any special accommodations? Yes _____ No _____

Handicap Parking Space? _____ ADA Accessible Restroom? _____

Other? _____

4. Have you ever been convicted of a crime that may affect your ability to be an election worker? Yes _____ No _____

If yes, list the date of the crime, where the crime occurred, and the nature of the crime.

5. Please list a name and telephone number of someone we can contact in an emergency.

Contact #1: _____ Phone: _____

Contact #2: _____ Phone: _____

I am able to work: ___ August 5th ___ November 4th

“The information provided is complete and correct to the best of my knowledge. I understand that any incomplete, incorrect or false information furnished by me may void this application.”

Signature of Applicant: _____ Date: _____

Please Send Completed Application to:
Douglas County Clerk's Office
1100 Massachusetts St. Ste 100
Lawrence, KS 66044