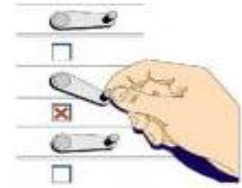


# Warren County Board of Elections

## ELECTION INSPECTOR APPLICATION FORM



Are you a Warren County Resident? \_\_\_ Yes \_\_\_ No At least 17 years of age? \_\_\_ Yes \_\_\_ No

Name \_\_\_\_\_ ( ) Male ( ) Female \_\_\_\_/\_\_\_\_/\_\_\_\_  
(please print/type) first, middle, last suffix (Jr., Sr.) date of birth

Address \_\_\_\_\_  
House # Street apt#

City state zip  
Mailing Address if different \_\_\_\_\_

Phone day: (\_\_\_\_) \_\_\_\_-\_\_\_\_ night: (\_\_\_\_) \_\_\_\_-\_\_\_\_ cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email \_\_\_\_\_

Will you be available to work or be on call for any election held between November 1<sup>st</sup> and July 1<sup>st</sup>? YES NO

**OATH OF OFFICE** \* I do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of New York, and that I will faithfully discharge the duties of the office of Inspector of Election, according to the best of my ability; that I am a Citizen of the United States and of the State of New York, and a qualified voter of the County of Warren; that I do not hold any public office and am not a candidate for any office to be voted for by the voters there of. I further swear that I will not keep or make any memoranda or entry of anything occurring within the booth; and that I will not directly or indirectly reveal to any person the name of any candidate voted for by any voter or which ticket he/she has voted, or anything occurring within the voting booth, except as I may be called upon to testify in a judicial proceeding for a violation of the Election Law.

**I swear (or affirm) the information above is true and accurate to the best of my knowledge. YES NO**

**Signature of Applicant:** X \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

To serve as an Election Inspector you must be a registered voter appointed by the Board of Elections and ARE REQUIRED to attend a mandatory yearly training class. Certification expires July 15<sup>th</sup> of each year.

**Important Information** \* Inspectors are paid a flat fee for working any Election. \* You must be available and willing to work the November Election and/or the June Primary to be paid for training, which will be invoiced after the General Election. \* Any worker who does not work at the site to which they are assigned or who is removed from their site for cause shall forfeit compensation earned. Please complete and return to the Board of Elections: 1340 State Rte. 9, Human Services Building Floor 3, Lake George, NY 12845

Call or email the Warren County Board of Elections at 761-6456 or 761-7457, if you have any questions. [boe@warrencountyny.gov](mailto:boe@warrencountyny.gov)

FOR BOARD OF ELECTION USE ONLY

Voter ID# \_\_\_\_\_ Vendor # \_\_\_\_\_ Enrollment \_\_\_\_\_ Town \_\_\_\_\_