



THE CORPORATION OF THE TOWNSHIP OF EAST FERRIS

2010 MUNICIPAL ELECTIONS APPLICATION

LAST NAME: _____	GIVEN NAMES: _____	
ADDRESS: _____		
E-MAIL: _____		
HOME PHONE NO.: _____	BUS. PHONE NO.: _____	CELL PHONE NO.: _____
EMERGENCY CONTACT: _____	PHONE NO.: _____	RELATIONSHIP: _____

1. Do you have previous Municipal Elections experience? Yes ___ No ___
2. Do you have other elections experience? (e.g. Federal or Provincial) Yes ___ No ___
3. Can we retain your personal information for future elections? Yes ___ No ___
4. Do you have a valid driver's license? Yes ___ No ___
5. Will you have a vehicle at your disposal on Voting Day? Yes ___ No ___
6. Are you able to lift and carry items weighing 25 – 50 lbs.? Yes ___ No ___
7. Are you available to attend a Training Session on September 16, 2010? Yes ___ No ___
8. Are you available to work the Advance Vote on October 2 & 6, 2010? Yes ___ No ___
9. Are you available to work Voting Day - October 25, 2010? Yes ___ No ___
10. Please indicate, in numerical order, the position that you are most interested in working:
___ Deputy Returning Officer ___ Election Official ___ Greeter
11. Will you accept any position? Yes ___ No ___

SIGNATURE

DATE

THANK YOU FOR YOUR INTEREST IN WORKING FOR THE TOWNSHIP OF EAST FERRIS'
2010 MUNICIPAL ELECTIONS!