



CITY OF HOPEWELL ELECTORAL BOARD

Yes, I want to be a Hopewell City Officer of Election (Poll Worker) !!

You may complete and return this form in person or by mail

**To: Voter Registration and Elections
Attention: Electoral Board
245 East Broadway – Suite 4**

I, _____,
(Print full name)

Check the appropriate response for each of the following statements:

Yes No

____ ____

I am a qualified voter of the State of Virginia;

____ ____

I am not employed, either full or part-time, by the government of the United States, the Commonwealth of Virginia, or any County, City or Town (local government);

____ ____

I hold an elected office (paid or unpaid) in one of the following; the Government of the United States, the Commonwealth of Virginia, or any County, City or Town's (local government);

____ ____

I am the deputy or an employee of an elected official;

____ ____

I agree to represent the Republican party; or the Democratic party;
(circle one of the above parties)

____ ____

I understand that I am **REQUIRED** to **ATTEND** Officer of Election training;

____ ____

I understand I am to report to the Polling place I am assigned to at 5:00 a.m. on election day.

Street Address _____

City and Zip Code _____

Telephone Numbers (H) _____ **(W)** _____ **(C)** _____

Social Security Number: _____ - _____ - _____

Signature: _____