



1. Last Name: _____ First Name: _____ Middle initial: _____
Preferred first or nickname: _____
2. Date of Birth: _____ Social Security Number: _____
3. Home phone: _____ Cell phone: _____
4. Street address: _____
City: _____ Zip code: _____
5. Applicant's e-mail address: _____
6. Political Party Affiliation: _____
7. Emergency contact person: _____ Relationship: _____
Home phone: _____ Work phone: _____ Cell phone: _____
8. If applicable, who referred you? _____
9. How far (within Madison County) are you willing to travel? Yes ____ No ____
10. If asked to serve, do you meet the requirements of good eyesight and hearing?
Yes ____ No ____
The ability to sit for an extended length of time? Yes ____ No ____

Describe any special accommodations you may need: _____

I CERTIFY THAT I AM NOW A REGISTERED VOTER IN MADISON COUNTY, THAT I AM PHYSICALLY ABLE TO PERFORM THE DUTIES OF ANY ASSIGNED POSITION, AND THAT THE FOREGOING ANSWERS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____