



Appointment Information	I have been notified of my appointment as an Officer of Election by the Electoral Board of the City/County of _____.
Accept or Reject the Appointment	<p>1</p> <input type="checkbox"/> I do not accept appointment as an Officer of Election. (Skip to #3) <input type="checkbox"/> I do accept appointment as an Officer of Election. (Go to #2)
Qualifications to Serve	<p>Check all that apply:</p> <p>2</p> <input type="checkbox"/> I do not hold any elected office, whether paid or unpaid, of the government of the United States, the Commonwealth of Virginia, or any Virginia county, city, or town. <input type="checkbox"/> I am not the deputy or the employee of an elected official. <input type="checkbox"/> I understand that if both a Democratic and Republican primary will be held in my city or county that all Officers of Election serving at the primary are required to attend the training session on dual primary procedures, and that failure to attend training may make me ineligible to work at the primary election.
Contact Information (Please Print)	<p>3</p> Name: _____ Address: _____ APT/Suite #: _____ City: _____ State: <u>VA</u> Zip Code: _____ Home Phone: _____ Cell Phone: _____ Email address: _____
Political Party Preference (Choose only 1)	<p>4</p> <input type="checkbox"/> I would prefer to represent the Democratic Party. Please forward my information to the party chair. <input type="checkbox"/> I would prefer to represent the Republican Party. Please forward my information to the party chair. <input type="checkbox"/> I would prefer to be unaffiliated.
Signature	<p>5</p> The information above is true and correct to the best of my knowledge, and I accept my appointment as an Officer of Election. _____ Signature Date

Office Use Only		
Home Precinct: _____	Assigned Precinct: _____	Date received: _____
Party Representation:	<input type="checkbox"/> Democratic	
	<input type="checkbox"/> Republican	
	<input type="checkbox"/> No Party	