

Montgomery County Board of Elections

18753 N. Frederick Ave, Suite 210, Gaithersburg, MD 20879

Official Use Only

VID:

Party:

HP:

ELECTION WORKER APPLICATION

App: (Website)

PART A: QUALIFIERS - Answer the following questions.

Circle One

Are you a registered voter in Maryland?

Yes No

¿Es usted un votante registrado en Maryland?

Do you read, write, and speak the English language?

Yes No

¿Puede usted leer, escribir y hablar ingles?



Stop here if you answered NO to question 1. You must be a registered voter.

Pare aquí si usted contesta "NO" a la pregunta #1. Usted debe de estar registrado para votar.

PART B: ELECTION WORKER INFORMATION - Note, this will update your voter record

Personal Information - Please PRINT

First Name

Last Name

Middle Name

Suffix

Gender: Male

Date of Birth (mm/dd/yyyy)

Female

In addition to English, please list any languages you read, write and speak fluently

Contact Information

*Residential Address: Street No. Street Name Apt No. City Zip Code County

*Phone: At least one number must be provided. Please circle your primary contact number.

Cell:

Home:

Work:

*Primary Email:

Secondary Email:

Party Information

Political Party Affiliation: Democrat Republican Bread and Roses Unaffiliated

Other - Libertarian Other - Green Other (specify) _____

PART C: SIGNATURE - Print your name, sign and date below

I, _____, affirm that the information given on this form is accurate and complete to the best of my knowledge.

Signature

Date

Once your application has been processed the Board of Elections will send you an email asking you to confirm all your information is correct. You will also be asked to choose, using our secure online system, if you want to be paid. Your Social Security Number is required to receive the payment. If you do not want to receive a payment, you may decline payment.

Mail applications to: Board of Elections at P.O. Box 4710, Rockville, MD 20849-4710.
Applications may also be faxed to at 240-777-8578.

(Revised 6/14/19)