



TOWN OF GIBSONS
APPLICATION TO WORK AS AN ELECTION OFFICIAL

Position Sought

- Election official
- Presiding election official or Alternate Presiding Election Official

Name: _____

Mailing Address: _____

Phone Number: (Home) _____ (Cell) _____

Email Address: _____

Have you worked an election before: _____ Yes _____ No

If yes, what type (indicate all that apply):

- Local Government Which local government _____
- Provincial
- Federal

Languages Spoken: _____

Languages Read: _____

Confirm the following statements by checking the box

- I am at least 18 years old
- I am entitled to work legally in Canada
- I have read the details provided on the back of this application;
- I am not and will not become a candidate, candidate representative or financial agent, or be involved in a campaign for a candidate or an issue that is subject an assent vote during the course of this election.

Signature: _____