Board of Election Supervisors Application

Town Council Election May 5, 2020

Print your name: _____

Print your address: _____

Print your email : _____

Provide the best phone number: _____

Confirm your eligibility:

_____ I am a resident of the Town of Berwyn Heights

_____ I am registered to vote in Maryland/ Town of Berwyn Heights

_____ I do not currently hold an elective office in the Town of Berwyn Heights

_____ I do not currently have an immediate family member, who is a Town Council member or a candidate

_____ I do not currently do business with the Town of Berwyn Heights

Indicate your prior election experience:

_____ State and/or county election? When and where? _____

_____ Town of Berwyn Heights election? When? _____

Indicate your additional qualifications:

_____ In addition to English, I am fluent in the following languages: _____

Read the fine print:

- My **Statement of Interest** is filed with this application (see reverse).
- I am available to work the polls on Tuesday, May 5, 2020 from 6:30 a.m. – 9:00 p.m.
- I am available to attend training on Tuesday, March 24, 2020, from 4:00 – 6:00 p.m.
- I am available to attend the Town Council meetings on February 3 and 12, 2020 for appointment and swearing-in.
- I am not affiliated with a current Town Council election campaign
- I will not use my position as an Election Judge to influence or affect the result of the election
- I will be courteous, respectful and willing to assist all voters regardless of race, religion, sex, age, ethnicity, ancestry or national origin, physical or mental disability, color, marital status, sexual orientation, gender identity, genetic information or political affiliation.

Your Signature: _____ **Date** _____

Please return completed form to: Town Clerk, Town of Berwyn Heights, 5700 Berwyn Road, Berwyn Heights, MD 20740

Office Use: Date Received: _____ Assigned: Yes _____ No_____

Election Judge Applicant Statement of Interest

Please explain briefly (3-5 sentences) why you want to be an election judge for Town Council elections.

Your Signature: _____ **Date** _____

Name, Printed: _____