[Jurisdiction] Election Academy

APPLICATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  |  |  |  |
|  |  | Last | First | Middle  |  |  |  |  |
| Address: |  |  |  | Phone: |  |  |
|  |  | Street address | Apt/Unit # |  |  |  |  |
|  |  |  |  | Email:  |  |  |
|  |  | City | State | Zip Code |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Are you a registered voter of [Jurisdiction]? |  | Yes [ ]  No [ ]   |
|  |  |
| Why would you like to attend the [Jurisdiction] Election Academy? |  |  |
|  |  |  |
| What do you hope to learn about the election process? |  |  |
|  |  |  |
| What questions do you have about how officials prepare for and run elections? |  |  |
|  |  |  |
| Participants must be willing to attend all Election Academy classes and commit to completing the course requirements. There are no make-up classes. Can you commit to attending all [six] classes? |  | Yes [ ]  No [ ]  [List all class dates here.] |
|  |  |  |
| What category best describes you? Select one or more.  |  | [ ]  Candidate | [ ]  Poll Worker | [ ]  Voter |
| [ ]  Media | [ ]  Campaign staff/volunteer | [ ]  Other: |
|  |  |  |
| How did you hear about the [Jurisdiction] Election Academy? |  |  |

If accepted, I agree to abide by all [Jurisdiction] Election Academy rules.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  |  |  | Date: |  |  |