



**Bexar County Elections Department
Election Officials Application**

First Name: _____ **Last Name:** _____

Street Address: _____

City: _____ **Zip:** _____

Date of Birth: _____ **School District you live in:** _____

Home Phone: _____ **Cell Phone:** _____

Office: _____ **Fax:** _____

E-Mail: _____

Voter Registration Number: _____

Precinct Number: _____

Are you interested in becoming an Election Judge or Clerk? _____

Are you able to lift 40 pounds? Yes No

Do you speak Spanish? Yes No

Elections Officials should have their own transportation and be able to lift 40 pounds.

Do you have Elections experience? Yes No

If yes, please describe: _____

Please print, complete and mail this form to:

ATTN: Elections Training Coordinator

1103 S. Frio, Ste. 100, San Antonio, Texas 78207