

## THE CORPORATION OF THE TOWN OF MATTAWA

## 2022 MUNICIPAL ELECTIONS APPLICATION

| LAST NAME: GIVEN NAME:<br>ADDRESS:<br>MAILING ADDRESS:   |                                      |                      |               |             |
|--|--------------------------------------|----------------------|---------------|-------------|
| EMAIL:   |                                      |                      |               |             |
| HOME PHONE:  | BUS. PHONE:                          | CELL:                |               |             |
| 1. Do you have previous N  | Aunicipal Elections experience?      |                      | Yes           | No          |
| 2. Do you have other elections experience? (e.g. Federal or Provincial)  |                                      |                      | Yes           | No          |
| 3. Can we retain your personal information for future elections?   |                                      |                      | Yes           | No          |
| 4. Do you have a valid driver's licence?   |                                      |                      | Yes           | No          |
| 5. Will you have a vehicle at your disposal on Voting Day?   |                                      |                      | Yes           | No          |
| 6. Are you able to lift and  | carry items weighing 25 – 50 lbs.    | ?                    | Yes           | No          |
| 7. Are you available to atte   | end a Training Session on Septer     | mber 20, 2022?       | Yes           | No          |
| 8. Are you available to wo   | rk the Advance Vote on October       | 1 & 12, 2022?        | Yes           | No          |
| 9. Are you available to wo   | rk Voting Day – October 24, 2022     | 2?                   | Yes           | No          |
| 10. Are you a candidate, spouse of, or related to a candidate running in the 2022 Municipal Election in Mattawa? |                                      | Yes                  | No            |             |
| lf yes, please elaborate   | :                                    |                      |               |             |
| 11. Please indicate, in nun  | nerical order, the position that you | u are most intereste | d in working: |             |
| Deputy Returning Office  | cer Election Official _              | Greeter              | Accessibility | / Assistant |
| 12. Will you accept any po   | sition?                              |                      | Yes           | No          |
|  |                                      |                      |               |             |
| SIGNATURE  | DATE                                 | =                    |               |             |