

**CITY OF HASTINGS
2018 ELECTION JUDGE APPLICATION**

Personal Information

Name: _____

Address: _____

Please indicate preferred method of contact:

Home Phone: _____ Cell Phone: _____

Work Phone: _____ e-mail: _____

Emergency

Contact: Name: _____ Number: _____

Party Preference—State law requires that election judges declare their party preference

DFL Republican

TRAINING					
All training will be held at the Fire Station, 115 West 5th Street					
MON.	TUE.	WED.	THUR.	FRI.	
July 16 <input type="checkbox"/> 1-3 p.m.	July 17 <input type="checkbox"/> 9-11 a.m.	July 18 <input type="checkbox"/> 1-3 p.m.	July 19	July 20 <input type="checkbox"/> 9-11 a.m.	
July 23 <input type="checkbox"/> 1-3 p.m.	July 24	July 25	July 26	July 27 <input type="checkbox"/> 9-11 a.m.	
July 28	July 26	July 27	July 28	July 29	
July 31					

ELECTION DAY PREFERENCES							
Primary Tuesday, August 14				General Tuesday, November 6			
1st Choice		2nd Choice		1st Choice		2nd Choice	
<input type="checkbox"/> All Day (6 a.m.-9:30 p.m.)	<input type="checkbox"/> All Day (6 a.m.-9:30 p.m.)	<input type="checkbox"/> All Day (6 a.m.-9:30 p.m.)	<input type="checkbox"/> All Day (6 a.m.-9:30 p.m.)	<input type="checkbox"/> All Day (6 a.m.-9:30 p.m.)	<input type="checkbox"/> All Day (6 a.m.-9:30 p.m.)	<input type="checkbox"/> All Day (6 a.m.-9:30 p.m.)	<input type="checkbox"/> All Day (6 a.m.-9:30 p.m.)
<input type="checkbox"/> Partial Day (6 a.m.-2:00 p.m.)	<input type="checkbox"/> Partial Day (6 a.m.-2:00 p.m.)	<input type="checkbox"/> Partial Day (6 a.m.-2:00 p.m.)	<input type="checkbox"/> Partial Day (6 a.m.-2:00 p.m.)	<input type="checkbox"/> Partial Day (6 a.m.-2:00 p.m.)	<input type="checkbox"/> Partial Day (6 a.m.-2:00 p.m.)	<input type="checkbox"/> Partial Day (6 a.m.-2:00 p.m.)	<input type="checkbox"/> Partial Day (6 a.m.-2:00 p.m.)
<input type="checkbox"/> Partial Day (2 p.m.-9:30 p.m.)	<input type="checkbox"/> Partial Day (2 p.m.-9:30 p.m.)	<input type="checkbox"/> Partial Day (2 p.m.-9:30 p.m.)	<input type="checkbox"/> Partial Day (2 p.m.-9:30 p.m.)	<input type="checkbox"/> Partial Day (2 p.m.-9:30 p.m.)	<input type="checkbox"/> Partial Day (2 p.m.-9:30 p.m.)	<input type="checkbox"/> Partial Day (2 p.m.-9:30 p.m.)	<input type="checkbox"/> Partial Day (2 p.m.-9:30 p.m.)
<input type="checkbox"/> No Preference	<input type="checkbox"/> No Preference	<input type="checkbox"/> No Preference	<input type="checkbox"/> No Preference	<input type="checkbox"/> No Preference	<input type="checkbox"/> No Preference	<input type="checkbox"/> No Preference	<input type="checkbox"/> No Preference
Polling Location				Polling Location			
<input type="checkbox"/> No Preference				<input type="checkbox"/> No Preference			
<input type="checkbox"/> City Hall	<input type="checkbox"/> Calvary Church	<input type="checkbox"/> City Hall	<input type="checkbox"/> Calvary Church	<input type="checkbox"/> City Hall	<input type="checkbox"/> Calvary Church	<input type="checkbox"/> City Hall	<input type="checkbox"/> Calvary Church
<input type="checkbox"/> Hope Lutheran	<input type="checkbox"/> United Methodist	<input type="checkbox"/> Hope Lutheran	<input type="checkbox"/> United Methodist	<input type="checkbox"/> Hope Lutheran	<input type="checkbox"/> United Methodist	<input type="checkbox"/> Hope Lutheran	<input type="checkbox"/> United Methodist
<input type="checkbox"/> St. John's Church	<input type="checkbox"/> St. Philip's Church	<input type="checkbox"/> St. John's Church	<input type="checkbox"/> St. Philip's Church	<input type="checkbox"/> St. John's Church	<input type="checkbox"/> St. Philip's Church	<input type="checkbox"/> St. John's Church	<input type="checkbox"/> St. Philip's Church
<input type="checkbox"/> Our Saviour's	<input type="checkbox"/> Crossroad's Church	<input type="checkbox"/> Our Saviour's	<input type="checkbox"/> Crossroad's Church	<input type="checkbox"/> Our Saviour's	<input type="checkbox"/> Crossroad's Church	<input type="checkbox"/> Our Saviour's	<input type="checkbox"/> Crossroad's Church

Election Judge Referrals:

Name: _____

Contact Information: _____

Name: _____

Contact Information: _____

*Return to: Adeline Schroeder, Deputy City Clerk
City of Hastings, 101 E. 4th St., Hastings, MN 55033*