



Rockingham County Board of Elections

240 Cherokee Camp Rd.
Reidsville, NC 27320

PO Box 22 (Mailing)
Wentworth NC 27375

Telephone: (336) 342 8107 | Fax: (336) 342 8228

Applicant Information

Full Name: _____ Date of Birth: _____

Last First M.I.

Address: _____

Street Address Apartment/Unit #

City State ZIP Code

Mailing Address (if different): _____

Cell Phone: _____ Email: _____

Are you a registered voter in Rockingham County? ☐ YES ☐ NO Party Affiliation: _____

Have you ever worked for Rockingham County? ☐ YES ☐ NO If yes, when? _____

Are you related to another election worker? ☐ YES ☐ NO If yes, specify: _____

What best describes your experience with computers? ☐ Expert ☐ Average ☐ Beginner ☐ None

Requirements and Acknowledgements

- ☐ I am able to attend mandatory training
- ☐ I have reliable transportation to and from training and work assignments
- ☐ I can work all day on Election Day (5:45am to 8:30pm or later)
- ☐ I can attend a meeting on evening before the election to help set up assigned polling site
- ☐ I am able to lift approximately 25 lbs.
- ☐ I will not let my political views interfere with my actions as an Election Official
- ☐ I understand that I may be assigned to any precinct within Rockingham County
- ☐ I understand that some positions may require working outside, or extended periods of sitting or standing

Comments: _____

Restrictions per NC General Statutes (NCGS – 163 - 41)

Election Workers must NOT:

- Be an elected official in any federal, state, or local government
- Be a current candidate or their near relative
- Hold an office in a political party or organization
- Be a manager/treasurer for a candidate.
- Solicit contributions for a candidate or referendum, or make written or oral statements intended for general distribution either supporting or opposing any candidate or referendum.

Disclaimer and Signature

*I certify that I am the applicant and my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application may result in my release. **Typed signatures are considered an authorized signature of applicant.***

Signature: _____ Date: _____

Please complete, print and mail to or place in the drop box at the Rockingham County Board of Elections.