



# Summit County Board of Elections Precinct Election Official Application

Are you a registered voter in Summit County?      YES   or   NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PARTY AFFILIATION:**    \_\_\_ Democrat    \_\_\_ Republican    \_\_\_ Other/None

Have you ever worked as a Precinct Election Official?    YES   or   NO

If yes, please list where & when: \_\_\_\_\_

Have you ever been convicted of a felony?    YES   or   NO

Do you have transportation for the night of Election & Election Day?    YES   or   NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RETURN THIS FORM TO:

**Summit County Board of Elections**  
470 Grant St. Akron, OH 44311  
Phone: (330)643-5200  
Fax: (330)643-5422  
www.summitcountyboe.com

Under penalty of perjury, I hereby swear or affirm that the above information is true and accurate. Further, I authorize Summit County Board of Elections to conduct a criminal background check. I understand that any active warrants or felony convictions on my criminal record will result in immediate termination as a Board of Elections election official. No person who has been convicted of a felony, or any violation of elections laws, shall serve as an election official, pursuant to Ohio Revised Code 3501.27.