



Summit County Board of Elections

470 Grant St. Akron, OH 44311
Phone: (330)643-5200 Fax: (330)643-5422
www.summitcountyboe.com

BOOTH WORKER 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 Booth Worker? 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: _____

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.