

Forms A & B (on back)

BOTH SIDES OF FORM MUST BE COMPLETED TO BE CONSIDERED FOR SERVICE



Sign Form A in presence of a notary, Electoral Board, or Voter Registrar's staff or oath will be void

COMMONWEALTH OF VIRGINIA

ROCKINGHAM COUNTY

OATH OR AFFIRMATION

I, **(PRINT FULL LEGAL NAME)** _____, do solemnly swear (or affirm) that I will support the Constitution of the United States, and the Constitution of the Commonwealth of Virginia, and that I will faithfully and impartially discharge all the duties incumbent upon me as an Officer of Election for the term of

(today's date) _____ through February 28, 2025 according to the best of my ability.

SIGNATURE OF PERSON TAKING OATH *

Subscribed and sworn to before me this _____ day of _____ 20____.

SIGNATURE OF PERSON ADMINISTERING OATH
(MUST BE ONE OF THE INDIVIDUALS LISTED BELOW)

If Notarized: My commission expires _____ 20____.

Take the above oath and sign it before one of the following:

- the Clerk or Deputy Clerk of the Circuit Court
- a Member of the Electoral Board
- the Voter Registrar/Director of Elections
- an Deputy Registrar or
- a Notary

Return in the enclosed envelope OR take the oath at the Registrar's Office and leave Forms A and B with staff.

FORM B: Response to Notice of Appointment (Complete all information below):

Complete the form FRONT (FORM A) AND BACK (FORM B) below and return to the Electoral Board 20 East Gay Street, Harrisonburg 22802, OR hand deliver to Registrar.

TO: ELECTORAL BOARD OF ROCKINGHAM COUNTY, VA, I, _____
(Please PRINT your full LEGAL name)

DO NOT accept appointment as an Officer of Election. (If you no longer wish to serve, please mark this box and sign at the bottom and return without completing rest of form).

PLEASE RESPOND ACCORDINGLY TO ALL QUESTIONS BELOW:

#1: **DO** accept appointment as an Officer of Election and agree as follows. **(REQUIRED TO SERVE)**

#2: **DO** understand that I am required to attend an Election Official training session. **(REQUIRED)**

#3: **DO** **DO NOT** hold an elected office, whether paid or unpaid, under the government of the United States, the Commonwealth of Virginia, or any Virginia county, city or town

#4: **AM** **AM NOT** the deputy or the employee of an elected official

CHOOSE ONLY ONE OF THE OPTIONS BELOW

If you desire to be considered for Chief/Assistant Chief, you must select Democratic Party or Republican Party

Option 1: I agree to represent the **Democratic Party**

Option 2: I agree to represent the **Republican Party**

Option 3: I accept appointment as a **Non-partisan (Independent)** Officer of Election. I further acknowledge that **as a non-partisan Officer I may not serve as Chief or Assistant Chief.**

OPTIONAL: I also agree to represent either the Republican or Democratic Party if needed at the polls.

(PLEASE PRINT CLEARLY)

Signature: _____ **Date Signed:** _____

PLEASE CLEARLY PRINT AND ANSWER QUESTIONS BELOW:

Address: _____
*Proficient in Keyboard Operations _____ yes ____ no
*Willing to work any precinct _____ yes ____ no
*Comfortable using Electronic Pollbook _____ yes ____ no

Year of Birth _____ **Home Phone** _____ **Cell** _____ This is a new address

Email: _____

Contact in case of emergency (Name): _____ **Phone:** _____