Election System of the Virgin Islands

Sunny Isle Shopping Center, Christiansted, St. Croix, V.I. (340) 773-1021 Crystal Gade, St. Thomas, V.I. (340) 774-3107

P.O. Box 1499 Kingshill St. Croix U.S. Virgin Islands 00851 / P.O. Box 6038 St. Thomas U.S. Virgin Islands 00801

APPLICATION FOR ELECTION OFFICERS

T EROUNAL INFORMATION
NAME:
PHYSICAL ADDRESS:
MAILING ADDRESS:
TELEPHONE #:
DATE OF BIRTH: LAST FOUR OF SSN #:
GOVERNMENT EMPLOYEE NUMBER:
NUMBER OF DEPENDENTS:
ARE YOU A REGISTERED VOTER? YES NO
PARTY AFFILIATION: (Circle One) DEMOCRAT REPUBLICAN ICM NO PARTY
POLLING PLACE IN WHICH YOU ARE REGISTERED;
WHAT LANGUAGE ARE YOU FLUENT IN:
LIST PREVIOUS EXPERIENCE AS ELECTION OFFICERS OR YOUR PRESENT WORK HISTORY POSITION TITLES AND DUTIES:
I, certify that the information given above is correct and true to the best of my knowledge.
Date Signature