

**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 three year term of

**March 1, 2020 through February 28, 2023**

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.

**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: \_\_\_\_\_