Board of Election Supervisors Application

Please print/type and complete all information clearly:

By Mail: Pascua Yaqui Attorney General, 7777 S. Camino Huivisim, Tucson, AZ 85757; or Fax: (520) 883-5084; or E-mail as attachment: Jennifer.galaz@pascuayaqui-nsn.gov

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Name:_____
First **Middle** **Last**

Residential Address:_____
Number **Street** **City** **Zip Code**

Mailing Address (if different):_____
Number **Street** **City** **Zip Code**

Tribal I.D. #:_____**Age:**_____

Gender - Male____ **Female**____

Telephone # Home – (_____**)**_____ **(Work) – (**_____**)**_____

E-Mail Address: _____**Cell Phone #** _____

Occupation:_____ **Are you registered to vote in AZ?**_____

Have you ever served as an Election Supervisor? Yes____**No**____**If yes, for how many years?**_____

If yes, where have you worked and in what capacity? Reservation_____ **Poll location**_____

Supervisor_____**Poll Worker**_____ **Interpreter**_____

Besides English, do you speak any other languages? _____ **If yes, please list them** _____

Do you drive a car _____ **or use public transportation** _____

Would you be willing to travel to any Polling location to work, if needed? _____

Have you ever been convicted of a felony or of any crime involving deceit, fraud or misappropriation of funds? Yes _____ _____ **No** _____

Can you work a full day (6am – 9pm)? Yes ____ **No** ____ **If no, what hours are you available?**_____

I certify that the information given above is true and complete.

Signed _____**Date**_____