



2025 Municipal Election - Election Worker Application Form

APPLICANT INFORMATION *Please Print Clearly:

FULL NAME:	
PHONE NUMBER:	EMAIL:
ADDRESS:	
TOWN:	POSTAL CODE:

TRAINING AVAILABILITY (Attendance at one training session is mandatory.)

Please indicate your availability for the training opportunities below. Check all that apply.

DATE	TIME	YES	NO
Friday, October 3	1:00 p.m. – 4:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>
Friday, October 3	5:00 p.m. – 8:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>
Saturday, October 4	11:00 a.m. – 2:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>
Saturday, October 4	3:00 p.m. – 6:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday, October 7	5:00 p.m. – 8:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>

ELECTION POLL AVAILABILITY

Please indicate which of the following dates and times you are available to work. Check all that apply.
Please note these are tentative and may be subject to change

DATE	APPROXIMATE SHIFT	YES	NO
Tuesday, October 14 (Advance Vote)	11:00 p.m. - 6:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday, October 14 (Institutional Vote)	2:00 p.m. - 6:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday, October 15 (Advance Vote)	11:00 p.m. - 6:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>
Thursday, October 16 (Advance Vote)	11:00 p.m. - 6:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>
Thursday, October 16 (Institutional)	12:30 p.m. – 5:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>
Monday, October 20 (Election Day)	9:30 a.m. – 8:30 p.m.	<input type="checkbox"/>	<input type="checkbox"/>
Monday, October 20 (Counting Centre)	7:00 p.m. – 11:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:



PREVIOUS EXPERIENCE

Have you worked in any of the following elections? If so, please describe your experience, including dates and positions you held. Please check all that apply.

TYPE OF ELECTION	YES	NO	DETAILS
Municipal	<input type="checkbox"/>	<input type="checkbox"/>	
Provincial	<input type="checkbox"/>	<input type="checkbox"/>	
Federal	<input type="checkbox"/>	<input type="checkbox"/>	
This is my first time working in an election.	<input type="checkbox"/>	<input type="checkbox"/>	

ROLE PREFERENCE

Which of the following positions would you be interested in working in? Select all that apply.

ROLE	YES	ROLE	YES
Deputy Returning Officer (DRO)	<input type="checkbox"/>	Either position	<input type="checkbox"/>
Presiding Deputy Returning Officer (PDRO)	<input type="checkbox"/>	Unsure at this time / No preference	<input type="checkbox"/>

ADDITIONAL INFORMATION

Do you have any food restrictions or allergies? Yes ☐ No ☐ If yes, please list them below.

COMMENTS:

Please provide details of any additional information we should know about you, including accessibility, transportation, or scheduling concerns, which may affect your ability to work in the election:

COMMENTS:

DECLARATION

By submitting this application, you agree to the following:

STATEMENT	SELECT TO ACKNOWLEDGE
I hereby confirm that I am at least 16 years old.	<input type="checkbox"/>
I hereby confirm that I am legally eligible to work in Canada.	<input type="checkbox"/>
I agree to maintain impartiality and complete the assigned responsibilities of my election worker role to the best of my abilities.	<input type="checkbox"/>
I acknowledge that all information I collect or review in my capacity as an election worker is confidential and may not be shared.	<input type="checkbox"/>
I acknowledge that attendance at mandatory training sessions is required to serve as an election worker.	<input type="checkbox"/>
I hereby confirm that the information provided in this application is true and accurate to the best of my knowledge.	<input type="checkbox"/>

PROTECTION OF PRIVACY

The personal information collected on the 2025 Municipal Election Worker Application Form is for the purpose of hiring individuals as Election Workers for the 2025 Municipal Election in the Town of Drumheller. This collection is authorized by section 4(c) of the *Protection of Privacy Act* (POPA). For questions about the collection of personal information, contact ATI and POPA Coordinator Mitchell Visser at legislativeservices@drumheller.ca or 403-823-1339.

SIGNATURE	DATE