



APPLICATION FORM DEPUTY RETURNING OFFICER

Name: _____

Address: _____

Phone: _____ Email Address: _____

Previous Election Experience: ☐ Yes ☐ No

Please describe (municipal, provincial, federal, school board, etc.):

Indicate preferred municipality/area to work in:

☐ Village of Innisfree

☐ Village of Mannville

☐ County of Minburn

Area of the County: _____

Please indicate your availability for one of the required training sessions:

☐ Training Session September 29, 2025 - 9:00 am to Noon

☐ Training Session, Thursday, October 2, 2025 - 6:00 pm to 9:00 pm

In providing my name and submitting this application form, I agree that:

- I am at least 18 years of age and legally entitled to work in Canada;
- I will attend one of the Training Sessions above and I am available to work on Election Day on October 20, 2025;
- I am willing and able to undertake all duties of a Deputy Returning Officer that may be assigned to me for the 2025 Municipal Election; and
- I will adhere to any health and safety protocols required.

Signature _____

Date: _____

Personal information collected is for administering the election. Collection is in accordance with Section 4 of the *Protection of Privacy Act (POPA)*. If you have any questions about the collection and use of the information, contact 780.632.2082.