



El Paso County Elections Department
 epcountyvotes.com
 500 E. San Antonio Avenue | Suite #314
 El Paso, Texas 79901
 ☎: (915) 546-2154 | Ext: 3010 | 📠: (915) 546-2220

Volunteer Deputy Registrar Training Request Form

Please complete this application and fax it to **Melissa Rosales** at **(915) 546-2220** or email to: MeRosales@epcounty.com

NOTE: Please do not schedule your training until you receive confirmation of your date and time from this office.
We must receive your request two weeks prior to the training date.

Name of Organization: _____
 (Ex: El Paso County Elections Department)

Point of Contact Name and Title: _____
 (Melissa Rosales, Elections Information and Resource Coordinator)

Email Address: _____
 (Ex: merosales@epcounty.com)

Address of Event: _____
 (Ex: 500 E. San Antonio Ave.)

Room/Area of Event: _____
 (Ex: Foyer)

Phone Number: _____ Fax Number (if any): _____
 (Ex: 000-000-0000) (Ex: 000-000-0000)

Event Date: ____/____/20____ Event Times: _____
 (Ex: 09/01/2017) (Ex: 12:00 p.m. to 4:00 p.m.)

Additional Information:

- ❖ It is your organization’s responsibility to ensure that the training facility is adequate, opened prior to the training, and with available parking for Elections Department staff and trainees.
- ❖ El Paso County Elections Department will need projector, a screen for presentation, chairs and tables.
- ❖ Groups requesting a private training must have a minimum of 25 attendees. Walk-in participants are welcome. However, we have a limited number of supplies at each training. Therefore, please try to limit walk-ins, if possible.
- ❖ Call our office 48 hours prior to the training date to confirm your attendance and the time and location of the training at **(915) 546-2154**.

I understand and agree to adhere to all of the requirements stipulated on this form for deputy registrar training to be conducted by the El Paso County Elections Department.

Signature of Point of Contact: _____ Date: _____

For additional information, please call **Melissa Rosales** at **(915) 546-2154** or email MeRosales@epcounty.com

For office use only:

Approved: ____ Yes ____ No Date Approved: ____/____/20____

Approved by: _____

Signature: _____

Notes: