



State of Delaware
Department of Elections



Application for the Organized Voter Registration Program

Organization Name

Address of Organization

Name of Coordinator/Chief Official

Address of Coordinator/Chief Official (If different than above)

E-mail Address

Phone Number Day: Evening:

Website

Please state your organization's purpose and the target audience for Voter Registration:

Type of Organized Voter Registration Drive:

(NOTE: This form must be submitted be at least 30 days prior to the event where voter registration is to take place. A voter registration event may not take place between the day after the fourth Saturday before the General Election and the date of the General Election.)

Single Event Drive Date of Event: _____

Location of Event: _____

Continuous Drive Start Date: _____ End Date: _____

Number of Applications Requested (150 Max.)

<https://ivote.de.gov>

State Election Commissioner
905 S Governors Ave Ste 170
Dover DE 19904
Phone: (302) 739-4277

New Castle County Office
Carvel State Office Bldg
820 N French St STE 400
Wilmington DE 19801
Phone: (302) 577-3464

Kent County Office
100 Enterprise Pl Ste 5
Dover DE 19904
Phone: (302) 739-4498

Sussex County Office
119 N Race St
PO Box 457
Georgetown DE 19947
Phone: (302) 856-5367

Please list the names and individual contact information of registrars participating in the voter registration drive. The maximum group size is encouraged to be no more than 25 registrars per coordinator/chief official.

Name of Registrar	<input type="text"/>	
Complete Address	<input type="text"/>	
	<input type="text"/>	
Phone Number	Day: <input type="text"/>	Evening: <input type="text"/>
E-mail Address	<input type="text"/>	

Name of Registrar	<input type="text"/>	
Complete Address	<input type="text"/>	
	<input type="text"/>	
Phone Number	Day: <input type="text"/>	Evening: <input type="text"/>
E-mail Address	<input type="text"/>	

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The coordinator/chief official must read and sign the statement below.

In accordance with 15 *Del. C.* §§ 2060-2065, I, _____, hereby authorize and assume responsibility for the voter registration activity or drive as described in this document to take place on the date(s) as stated in the application. I further attest that only individuals that have been properly trained by the Office of the State Election Commissioner shall serve as temporary registrars during the period of the voter registration drive or activity and that these individuals shall not:

- (1) Seek to influence an applicant's decision to choose or to not choose to affiliate with a political party;
- (2) Make any statement to an applicant or take any action, in which the purpose or effect is to discourage the applicant from registering to vote;
- (3) Offer, promise, or pay any money or other valuable thing as compensation, inducement, or reward to anyone eligible to register to vote for registering or abstaining from registering to vote;
- (4) Deny anyone who is eligible to register to vote any services available through the entity.

I shall insure that all individuals involved in planning, organizing, and conducting the voter registration drive shall adhere to Title 15 of the Delaware Code and all regulations promulgated by the State Election Commissioner.

_____	_____
Signature of Coordinator/Chief Official	Date

Please send this completed form via email to COE_Vote@delaware.gov or save this form and send it as an attachment to COE_Vote@delaware.gov. After you have completed and submitted this form, your application will be reviewed by the Department. Once your application has been approved, the Department will contact you to schedule a training session.

For Office Use Only

Approval Date _____

Scheduled Training _____

Date Training Completed _____

Trainer _____

Organization Expiration _____