



Emergency Ballot Delivery Program





Emergency Ballot Delivery Program

The Emergency Ballot Delivery Program that is currently in place is being used for voters that are either hospitalized, incarcerated, or persons with disabilities who are unable to retrieve their ballots personally. The program allows voters to request a ballot up to 7 days before the election, the ROV will mail the voter their ballot to the updated address.

We wanted to introduce the Emergency Ballot Delivery Program service to all facilities throughout the county so they were given the opportunity to request ballots for their constituents and allow voters that are hospitalized, incarcerated, or persons with disabilities to assign a coordinator the ability to request and receive ballots on their behalf.

The Facility Coordinator Application forms and instructions on how to complete and submit the Emergency Ballot Delivery Application are enclosed.



REGISTRAR OF VOTERS' OFFICE EMERGENCY BALLOT DELIVERY

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Facility Coordinator Application

FOR OFFICIAL USE ONLY

Rcv'd Date: _____

Rcv'd By: _____

THIS APPLICATION IS FOR THE EMERGENCY BALLOT DELIVERY PROGRAM SANTA CLARA COUNTY REGISTRAR OF VOTERS

1. **NAME OF BUSINESS OR FACILITY:** _____
NAME OF FACILITY

2. **TYPE OF FACILITY:** _____

3. **COORDINATOR NAME:** _____
First Middle or Initial Last

4. **ADDRESS:** _____
Number and Street (P.O. Box, Rural Route, etc. will not be accepted) (Designate N, S, E, W if used)

City State Zip Code or Postal Code

5. **MAILING ADDRESS FOR BALLOT (IF DIFFERENT FROM ABOVE):**

Number and Street/P.O. Box (Designate N, S, E, W if used)

City State Zip Code or Postal Code

6. **TELEPHONE NUMBER:** _____
Day Evening

7. **FAX NUMBER:** _____

8. **EMAIL ADDRESS:** _____

9. **THIS APPLICATION MUST BE SIGNED**

SIGNATURE _____ **DATE** _____

NOTICE

You have the right to mail or deliver this application directly to your county elections official. Returning this application to anyone other than your county elections official may cause a delay that could interfere with your ability to vote. If this application is returned by mail, it must be returned directly to your county elections official.

Santa Clara County Registrar of Voters
Vote by Mail Division - Pamela Hamilton
1555 Berger Dr. Bldg. 2, San Jose, CA 95112
PO Box: P.O. Box 611750, San Jose, CA 95161-1750
Dir: (408) 299-8640, FAX: (408) 293-6002
Email: emergencyballots@rov.sccgov.org



Facility Coordinator Emergency Ballot Delivery Instructions

ANY FACILITY THROUGHOUT SANTA CLARA COUNTY MAY REQUEST AN EMERGENCY BALLOT DELIVERY FOR A REGISTERED VOTER IN YOUR FACILITY.

Any resident who are not registered, can apply online at www.sccvote.org

HOW TO SUBMIT THE APPLICATION

The Facility Coordinator Application must be returned to your county elections official.

Please do not send applications to the Secretary Of State's office. Doing so will delay the application process.

If this application is returned by mail, it must be returned directly to your county elections official.

Mail to:

Santa Clara County Registrar of Voters' Office
Pamela Hamilton
P.O. Box 611750 San Jose, CA 95161-1750
Dir: (408) 299-8640
Fax: (408) 293-6002
Email: emergencyballot@rov.sccgov.org

DEADLINE FOR FILING BALLOT DELIVERY

Applications must be received no later than 7 days before election to update your address and ensure delivery. Any application submitted after that date can be emailed into the office however the ballot will have to be picked up when ready. Please make sure to return all ballots to the office or any drop box or post office before 8pm Election Night.

How to Fill Out this Application

ITEM 1. Enter the name of business or facility.

ITEM 2. Specify the type of business or facility.

ITEM 3. Print the coordinator's first, middle or initial, and last name.

ITEM 4. Print the complete street address of the business or facility. A post office box or rural route cannot be accepted.

ITEM 5. Print the complete address where you want ballot sent if it is different than the business or facility address provided in Item 4.

ITEM 6, 7, and 8. Print your telephone number, fax, and email address to allow the elections office to contact you if more information is needed.

ITEM 9. This application must be signed and date to be processed.

Remote Accessible Vote by Mail Ballot (RAVBM):

California law now allows all registered voters to use the RAVBM system to download, vote, and print their ballots for Nov. 3, 2020 General Election. RAVBM ballots can be returned in your original blue VBM envelope with your signature.

Visit eservices.sccgov.org to use RAVBM.



VOTER REGISTRATION INSTRUCTIONS

COMPLETING AND RETURNING VOTER REGISTRATION FORMS

QUALIFICATIONS TO REGISTER TO VOTE:

- A United States citizen and resident of California
- 18 years old or older on or before Election Day
- Not currently in state or federal prison or on parole for the conviction of a felony and
- Not currently found mentally incompetent to vote by a court

COMPLETING THE FORM

To avoid a delay in processing your form, make sure that your form is valid and accepted by completing the bold sections below. Leaving these sections blank, may cause a delay in processing your form.

Section 1 - *Qualifications: Be sure to check both of these boxes, if they apply. Your form cannot be processed if the U.S. citizenship box is not checked.

Section 2 - *Legal Name: We recommend you register to vote under the same name as shown on your drivers license.

Section 3 - *Identification: If you have a CA drivers license/identification card number and/or Social Security number, write the information here. If you do not have either, you may leave the fields blank.

Section 4 - *Address Where I Live: You must provide a street address for the address at which you live. If you do not have a street address, you may give an exact description of where you live. Include cross streets, route etc.

Include the apartment, unit, space, or building number and/or letter if it applies to your address.

PO Boxes and Mail Drops may not be used as a residence address.

Section 5 - Address Where I Receive Mail: If your mailing address is different from your residence address, provide your mailing address. Any address can be used as a mailing address which includes a P.O. Box or Mail Drop.

Section 6 - Registration History: Complete the registration history section, if you were previously registered.

Section 7 - Vote by Mail: Under the Voter's Choice Act, every voter will automatically be sent a Vote by Mail ballot; however, you are not required to use it. Every voter also has the option to go to a Vote Center and vote in person instead.

Section 8 - Political Party: If you prefer to not select a political party, you may check the "No Party/None" box. Leaving this field blank will automatically default your political party preference to No Party Preference.

Section 9 - Optional Voter Information: The information in this section is optional.

Section 10 - *Affidavit: Sign and date your form. Your form must be signed in order to be processed and approved.

RETURNING THE REGISTRATION FORM

- Tear off and keep the bottom portion of the form as your receipt. Once processed and approved, you will receive a voter notification card in the mail
- Forms may be mailed and must be postmarked by the registration deadline
- You may return the form in person at the Registrar of Voters office, however, returning by mail is preferred
- If you are returning a form on behalf of the voter, you must return it within 3 days of receiving it

PAPER & ONLINE REGISTRATION DEADLINES

Eligible citizens who need to register or re-register to vote within 14 days of an election can complete Conditional Voter Registration and vote at the Registrar of Voters or at any Vote Center.



California Voter Registration/Pre-Registration Application Solicitud de Inscripción/Preinscripción de Votante de California SANTA CLARA COUNTY

Please clearly print in black ink. Use this form if you: (1) are a new voter, (2) are re-registering to vote, (3) have changed your name, (4) have moved and need to update your voter registration address, or (5) want to change your political party preference. You can also register to vote online at registertovote.ca.gov. - Escríbalo en letra de molde cuando haya así o necesite. Usa esta formulario si: (1) es votante nuevo, (2) se está preinscribiendo para votar, (3) cambió de nombre, (4) se mudó o tiene que actualizar el domicilio en su inscripción de votante, o (5) quiere cambiar su preferencia de partido político. También puede inscribirse en línea en RegistarVotante.ca.gov.

1 Qualifications Requisitos	I am a U.S. citizen and resident of California Soy ciudadano de E.U. y residente de California. <input type="checkbox"/> Yes - Sí <input type="checkbox"/> No I am 18 or older - Tengo al menos 18 años de edad <input type="checkbox"/> Yes - Sí <input type="checkbox"/> No I am 18 or 17 and want to pre-register Tengo 18 o 17 años de edad y quiero preinscribirme <input type="checkbox"/> Yes - Sí <input type="checkbox"/> No	<input type="checkbox"/> No, I am CANNOT register - Sí No <input type="checkbox"/> No, I am CANNOT register - Sí No Only choose one - Elija sólo una.
2 Your legal name Su nombre legal	First - Primer nombre _____ Last (including suffix, such as Jr., Sr., III) - Apellido (con sufijo, como Jr., Sr., III) _____	
3 Identification Identificación	Date of birth - Fecha de nacimiento (identificada) MM DD YYYY California driver license or ID card # - Núm. de licencia de manejar o tarjeta de identidad de California SSN (last 4 numbers) U.S. state or foreign country of birth Estado de E.U. o país extranjero donde nació	
4 The address where you live La dirección donde vive	Street address - Dirección City, State, Zip Ciudad, Estado, Cód. postal	Apt. or Unit # - Nº de Depto. o Unidad California county Condado de California
5 The address where you receive mail La dirección donde recibe su correo	City, State, Zip, Foreign country Ciudad, Estado, Cód. postal, País extranjero	
6 Registration history Historial de inscripción	First name - Primer nombre _____ Previous address - Dirección anterior State, Zip, Previous county Estado, Cód. postal, Condado anterior	Modelo actual - Inicial del segundo nombre _____ City - Ciudad _____ Previous political party preference (if any) Preferencia de partido político anterior (si corresponde)
7 Vote by mail Votación por correo	<input type="checkbox"/> Yes - Sí <input type="checkbox"/> No	*If "Yes," you will get your ballot by mail before each election. If you want to vote in person, you must turn in your ballot or vote at a polling station. - Si "Sí," recibirá su boleto por correo antes de cada elección, sin embargo, si quiere votar en persona debe entregar su boleto a una estación de votación.
8 Political party preference Preferencia de partido político	<input type="checkbox"/> American Independent Party <input type="checkbox"/> Democratic Party - Partido Demócrata <input type="checkbox"/> Green Party - Partido Verde <input type="checkbox"/> Libertarian Party - Partido Libertario <input type="checkbox"/> Peace and Freedom Party <input type="checkbox"/> Party For U.S. Liberty <input type="checkbox"/> Republican Party - Partido Republicano <input type="checkbox"/> Other (Specify) - Otro (especificar)	Email (optional) - Email (opcional) Phone number (optional) - Número de teléfono (opcional) My language preference for receiving election materials is - Mi preferencia de idioma para recibir materiales electorales es: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Hindi <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Vietnamese
9 I do not want to choose a political party preference - No deseo indicar una preferencia de partido político	<input type="checkbox"/> No Party / None - Ningún partido / Ninguno	<input type="checkbox"/> Other language - Otro idioma <input type="checkbox"/> I want voting materials in an accessible format - Quiero recibir materiales electorales en un formato accesible.
10 Affidavit Declaración jurada	I swear or affirm that - Juro o afirmo que: I am a U.S. citizen and a resident of California age at least 18 years old. I am not currently in state or federal prison or on parole for the conviction of a felony. I am not currently found mentally incompetent to vote by a court. I understand that if I fail to provide information on this form I may be subject to penalties under the laws of the State of California that the information on this form is true and correct. - Soy ciudadano de E.U. y soy residente de California y tengo al menos 18 años de edad. No estoy actualmente en una prisión estatal o federal o en libertad condicional por haber sido condenado en un delito mayor. No he sido declarado mentalmente incompetente para votar actual mente por una corte judicial. Entiendo que brindar información incorrecta de manera intencional en este formulario es un delito. Declaro bajo juramento o afirmo que soy un ciudadano de California que es información en este formulario es verdadera y correcta.	Date Signed - Fecha de la firma Month - Mes Day - Día Year - Año 43 Q 367476 200002

Emergency Ballot Delivery Application

FOR OFFICIAL USE ONLY

Voter ID: _____

Rcv'd Date : _____

Rcv'd By: _____

1. THIS IS AN APPLICATION FOR AN EMERGENCY BALLOT DELIVERY FOR THE _____, _____ ELECTION.
Mo./Day/Yr. Name of Election

2. PRINT NAME: _____ 3. DATE OF BIRTH: _____
First Middle or Initial Last Mo./Day/Yr.

4. RESIDENCE ADDRESS: _____
Number and Street (P.O. Box, Rural Route, etc. will not be accepted) (Designate N, S, E, W if used)

City Zip Code

5. MAILING ADDRESS FOR BALLOT (IF DIFFERENT FROM ABOVE):

Number and Street/P.O. Box (Designate N, S, E, W if used)

City State or Foreign Country Zip Code or Postal Code

6. TELEPHONE NUMBER: _____
Day Evening

EMERGENCY BALLOT DELIVERY:

_____ I will be unable to go to a Vote Center on Election Day because of one of the following conditions:

- Illness or disability resulting in confinement in a medical facility, sanatorium, nursing home, or place of residence
- Physical disability and/or existing architectural barriers at a Vote Center denying physical access to the Vote Center, voting booth, or voting equipment because of physical disability
- Conditions resulting in an absence from a Vote Center on Election Day

7. THIS APPLICATION MUST BE SIGNED:

I declare under penalty of perjury that the above is true and correct and authorize the bearer to receive my ballot. I understand that this ballot must be returned to the Registrar of Voters' Office by 8 pm on election day or postmarked with the date of the election and received no later than three days after election day.

SIGNATURE: _____ DATE: _____

Warning: Perjury is a felony, punishable by imprisonment in state prison for up to four years, (Penal Code 7 26)

AUTHORIZED BALLOT DELIVERY - Complete if someone is picking up another person's ballot.

I hereby affirm under penalty of perjury that I am at least 16 years old and I am the authorized representative of the voter for whom I am presenting this written statement.

PRINT NAME: _____
First Middle or Initial Last

SIGNATURE: _____ DATE: _____



Facility Coordinator's Resource Page

Voting Posters

Voting Banners

Voting Flyers

Printed Voting Materials

Directional Signs

"I Voted" Stickers

County Voter Information Guides

Vote by Mail Return Envelopes



REGISTRAR OF VOTERS' OFFICE FACT SHEET EMERGENCY BALLOT DELIVERY

SUBJECT TO CHANGE

Election Date	November 3, 2020
Military & Overseas Ballot Mailing (E-60 to E-45)	September 4, 2020 – September 19, 2020
Mail County Voter Information Guides (CVIG) (E-40 to E-29)	September 24, 2020 - October 5, 2020
1st Day to Issue VBM Ballots (E-29)	October 5, 2020
Last Day to Register to Vote (E-15)	October 19, 2020
Deadline to request a Vote by Mail ballot (by mail)	October 27, 2020
Remote Accessible Vote by Mail Ballots (E-29)	October 5, 2020 – November 3, 2020
Unsigned & Signature Verification Statement Deadline (E+28)	December 1, 2020
Vote by Mail Ballots Post Mark +3 (E+17)	November 20, 2020
Facility Coordinator Application Form (E-7) (Submit form by Fax or Email)	October 27, 2020
Emergency Ballot Delivery Application Form (E-7) (Submit form by Fax or Email)	October 27, 2020
1 st Day Ballot Drop Box locations available (E-29)	October 5, 2020
Total Ballot Drop Boxes available	98

* Date falls on a weekend or state holiday; it does not move forward to the next business day.

** Date falls on a weekend or state holiday; it moves forward to the next business day.

***For more services, visit eservices.sccgov.org/rov