

POLL WORKER APPLICATION

This application must be filled out completely. Please Print.

Name_____

Address_____

Social Security Number_____ Birth Date_____

Telephone No._____

E-mail address_____

Political Party_____ Have you ever worked as a Poll Worker?_____

If yes, where? State_____ County_____

Are you willing to work in a precinct other than your voting precinct?_____

Do you speak any other language beside English?_____

I am interested in becoming a Poll Worker because:_____

By signing this application, I agree to comply with all Florida election laws including attendance of mandatory poll worker training classes. I certify that I am a registered voter in Bradford County and that I can read and write the English language (F.S. 102.012(2)).

Signature_____

Date_____