

POLL WORKER/ELECTION OFFICER APPLICATION

(Please print neatly)

NAME:

SSN: _____ BIRTH DATE: _____

(required for payment)

ADDRESS: _____

CITY, STATE & ZIP: _____

MAILING ADDRESS (if different from above):

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

email: _____

I am interested in working State elections and/or school elections.

THE BEST TIME TO CONTACT ME IS: _____

Signature

RETURN THE SIGNED AND COMPLETED FORM TO:

**ATTN: ELECTION OFFICER ASSIGNMENTS
DEPARTMENT OF ELECTIONS SUSSEX OFFICE
119 NORTH RACE ST
GEORGETOWN DE. 19947I**