

Precinct Election Worker Application

First Name	Last Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential Address

No PO Box, Include Unit, Apt. Lot. Etc.

City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address

Home Phone	Cell Phone	E-Mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>



Best Contact Method

Home Phone
Cell Phone
E-mail

Work Location Preference	In My Precinct	Would you consider serving as a Chair?	Yes
	Anywhere in my town		No
	Anywhere in the county		

Have you worked Elections previously?	Yes	Current Party Affiliation	Democratic
	No		Republican
			Independent/Other

Election Hours
6:00 a.m. - 9:00 p.m. Work till everything is done
Prefer Election Workers work a full day

Questions?? Call the Auditor's Office at 573-7175