



# Poll Worker Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Please circle the appropriate responses & complete each section before signing.**

- |   | Yes | No |
|---|-----|----|
| 1. I am a U.S. Citizen, a registered voter of California & at least 18 years of age:  | Yes | No |
| 2. I have served as a Poll Worker in Shasta County before. If "Yes" list year: _____  | Yes | No |
| 3. I have my own transportation:  | Yes | No |
| 4. I will attend the mandatory Poll Worker's in-class training:   | Yes | No |
| 5. I can lift 30 pounds (Please Note: All lifting will be done by 2 people):  | Yes | No |
| 6. I understand that I am required to work from 6:00 a.m. to 9:00 p.m. :  | Yes | No |
| 7. I prefer to work with the following people if at all possible: _____<br>_____<br>_____   |     |    |
| 8. My primary motivation for wanting to work as a Poll Worker is:<br>_____<br>_____<br>_____  |     |    |
| 9. I am willing to politely assist voters, ensure a fair and impartial election, and promote the integrity of the electoral process in Shasta County: | Yes | No |

*I hereby attest that the information provided above is accurate & complete:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_