

POLL WORKER APPLICATION

NAME _____

SSN (last 4 digits) _____

VOTER REGISTRATION NUMBER _____

DATE OF BIRTH _____

STREET ADDRESS _____

APT.# _____

CITY _____

STATE _____

ZIP CODE _____

HOME PHONE NUMBER _____

WORK PHONE NUMBER _____

CELLULAR PHONE NUMBER _____

EMAIL ADDRESS _____

Y N HAVE YOU EVER WORKED AS A POLL WORKER
IN MIAMI-DADE COUNTY? _____

Y N DO YOU SPEAK ANY OTHER LANGUAGES FLUENTLY?
IF YES SPECIFY _____

Y N DO YOU HAVE TRANSPORTATION?

Y N ARE YOU A MIAMI-DADE COUNTY EMPLOYEE?
NAME THE DEPARTMENT _____

Y N WOULD YOU ACCEPT ASSIGNMENT TO A PRECINCT
OTHER THAN YOUR OWN?

I CERTIFY THAT: I am currently registered as a voter in Miami-Dade County. I can read and write in the English language.

SIGNATURE

DATE

NAME OF UNIVERSITY / COLLEGE

Check One:
 STUDENT STAFF