Election Worker Application

Please complete all information and return to:

By Mail: Office of the Town Clerk, 140 Wood Street, Somerset, MA 02726
By Fax: (508) 646-2802 or by E-mail as an attachment to chadala@town.somerset.ma.us

Name:_____ _____ _____
First Middle Last

Residential Address:_____ _____ _____ _____
Number Street Town Zip Code

Telephone Home #_____ **Work #** _____

E-Mail Address: _____ **Cell #** _____

Are you registered to vote in MA? ____**Yes** _____ **No** **Party Enrollment:**_____

Have you ever served as an Election Officer? ____**Yes** ___ **No**

If yes, for how long? _____**Where?**_____**What role?**_____

Do you drive a car? ____**Yes** _____ **No**

Please indicate your availability for the following with an X:

Town Elections – Mondays_____ **Town Meetings – Monday evenings**_____ **State & Federal Elections – Tuesdays**_____

Can you work a full day (6:15 am – (minimum 9:00pm)? ____**Yes** _____ **No**

If no, please select shifts available _____ **AM shift (6:30 am – 3:30 pm)** ___ **PM shift (3:30 pm – as late as midnight)**

Which duties would you be interested in (X): Check In/Out Voters_____ **Precinct Clerk**_____ **Ballot Box Custodian**_____

Greeter_____ **Any**_____

How did you hear about becoming a poll worker? _____

_____

I certify that the information given above is true and complete.

_____ _____
Signature **Date**

Approved:_____