Election Worker Application

Please complete all information and return to:

By Mail: Office of the Town Clerk, 136 Elm Street, Easton, MA 02356
By Fax: (508) 230-0530; or by E-mail as an attachment to townclerksoffice@easton.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

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

Can you work a full day (minimum 5:15 or 6:15 am –8:00/ 9:00pm)? ____Yes _____ No

If no, please select shifts available _____ AM shift (6:15 am – 1:30 PM) ___ PM shift (1:30 – 8/9:00 PM)

How did you hear about becoming a poll worker? _____

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

_____ _____
Signature **Date**

Approved:

_____