MAKE A DIFFERENCE IN YOUR COMMUNITY

VOTE BECOME A POLL WORKER! SAFER State Employee Poll Worker Application SAN DIEGO

COUNTY USE ONLY
Date Rec'd:
Precinct:/

Applicant Information – Please Type or Print Clearly (Name must be identical to name used to register to vote; please confirm at SDVote.com)				
Last Name	First Name	Middle Initia	Date of Birth (mm/dd/yyyy)	
Street Address	Unit/Apt # City	State	Zip Code	
Mailing Address (if different)	Unit/Apt # City	State	Zip Code	
Phone Numbers: ()*Cell Phone Mumber (Cell Phone # is used for communication with the ROV; call & text) Email Address: *Primary Email (Working email address is needed for communication with the ROV) *Primary Email (Working email address is needed for communication with the ROV) Work E-mail Address				
Name of Department:		Fitle:	Employee ID:	
Availability - I am applying for the position of (refer to our website <u>sdvote.com</u>): - Precinct Inspector - Technical Inspector - I can perform the following essential functions of the position with or without accommodations: <i>continual walking, standing, bending for long</i>				
periods of time, and carrying/lifting objects weighing up to 30 lbs. Yes No				
- I understand the Election work requirements: 2-day training, 1-day site setup, up to 4 days at a super poll and 1-day clean-up. 🗖 Yes 🗖 No				
- I have a reliable means of transportation to and from work each day.				
- If necessary, to be placed into a position I am willing to travel more than 15 miles. ☐ Yes ☐ No				
- In addition to English, are you fluent in any of the following languages? (Check all that apply)				
□Chinese □Filipino □Spanish □Vietnamese □Other:				
Acknowledgement and Authorization (please read carefully and sign)				
- I affirm that I am 18 years of age or older and (<i>check one</i>): A U.S. citizen and registered to vote in CA, or				
☐ Lawfully admitted for permanent residence in the United States				
I understand that I am applying for a temporary multiple day assignment with the Registrar of Voters.				
Signature		Dat	e	
(If submitting an online application, no Signature/Date is required.)				
SUPERVISOR APPROVAL (must be completed to serve as a multiple day poll worker)				
I authorize the employee named below to participate as a State Employee Poll Worker for the upcoming Election. Employees selected to be poll workers must serve a total of up to 9 days (2 days training, 1-day equipment deliver, 2 days setup/clean-up, 4 days at Polls, including Saturday/Sunday)				
Supervisor's Name (Print)		Title:		
Supervisor's Signature		Dept:		
Office Phone:	E-mail:	Date:		