



**VOTE
SAFER
SAN DIEGO**

**MAKE A DIFFERENCE IN YOUR COMMUNITY
BECOME A POLL WORKER!**

State Employee Poll Worker Application

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 Initial _____ 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: (_____) _____ Alt Phone Number _____ Work Phone Number _____

*Cell Phone Number (*Cell Phone # is used for communication with the ROV; call & text*)

Email Address: _____ Work E-mail Address _____

*Primary Email (*Working email address is needed for communication with the ROV*)

Name of Department: _____ Job Title: _____ Employee ID: _____

Availability

- I am applying for the position of (refer to our website sdvote.com): Precinct Inspector Technical Inspector
 - I can perform the following essential functions of the position with or without accommodations: *continual walking, standing, bending for long 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. Yes No
 - 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 (*check one*):
- 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 _____ Date _____
(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: _____

Submit completed application to: Poll Worker Recruitment at
E-mail: pollworker@sdcounty.ca.gov FAX: (858) 467-9293 MS O34
Phone: (858) 565-5800

Visit our website at sdvote.com