

APPLICATION FOR ELECTION BOARD ST. JOHNS COUNTY POLL WORKER

Last Name

First Name

Middle

Residence Address (Number, Street, City, State, Zip)

Mailing Address (Number, Street, City, State, Zip)

Home Phone

Cell Phone

Email Address (checked frequently)

I am interested in serving as a: (Check all that apply)	Skills (Check all that apply)
<input type="checkbox"/> Clerk <input type="checkbox"/> Deputy <input type="checkbox"/> Polling Place Technician <input type="checkbox"/> Assistant Clerk <input type="checkbox"/> Equipment Inspector	<input type="checkbox"/> Computer <input type="checkbox"/> Fluent in Sign Language <input type="checkbox"/> Speak another Language Please Specify:

By checking this box you agree that you are:

- A U.S. citizen registered to vote in St. Johns County; able to speak, read, and write the English language; able to provide my own transportation; able to lift at least 20 pounds; able to work a 14-hour day starting at 5:45 AM.

I hereby attest that:

- I will attend Poll Worker Training Classes before each election as required by Florida Law.
- I understand that Poll Workers are Non-Partisan when working.

Please check all that apply:

- Previous Poll worker: Where/When: _____
- I retired from the Florida (state-administered) Retirement System within the last 12 months.
- I am a retiree from any other Florida (state-administered) Retirement system.
- I am willing to work in, or close to, my home precinct.
- I am currently an elected official or running for public office. (If yes, explain in comment section below)

Comments:

Brief Work History: (Include major duties performed)

Return to:

St. Johns County Supervisor of Elections – 4455 Avenue A #101 – St. Augustine, FL 32095
(904) 823-2238 – Toll Free (888) 960-2959 – Fax (904) 823-2249