

Hamilton County Poll Worker Application

Name (First, MI, Last): _____

Voter Registration Number (if known): _____

Address: _____

Preferred Phone Number: _____

Email: _____

Describe your work experience during the last two years (please indicate if retired):

Have you ever worked as a Poll Worker before?

Yes No

If yes, where and when? _____

Are you related to or assisting in the campaign of a candidate or office holder?

Yes No

If yes, who? _____

Are you employed by any government entity?

Yes No

If so, who? _____

Are you willing to work outside your precinct?

Yes No

Are you aware that you are required to do training?

Yes No

Are you aware that you must commit to working from 7:00 a.m. until 9 p.m. (14 hours) on Election Day?

Yes No

Do you anticipate any conflicts with your job schedule on Election Day?

Yes No

Do you routinely use a personal computer to obtain information via the internet?

Yes No

I agree to comply with all pertinent Election Laws and regulations including completion of all mandatory training. I certify I am a registered voter in Hamilton County. I understand, as a Poll Worker, I serve at the will of the Election Commission and may be removed at any time, with or without cause and I also understand I may not be called to work every election.

Signature: _____

Date: _____

SIGN UP TO BE A POLL WORKER