Election Worker Application

Please print/type and complete all information clearly and send back to:

By Mail:
Acton Town Clerk, 472 Main Street, Acton, MA 01720;
or Fax: (978) 929-6340; or E-mail as attachment:
clerk@acton-ma.gov

Name: _____
First Middle Last

Residential Address: _____
Number Street Town Zip Code

Mailing Address (if different): _____
Number Street Town Zip Code

Gender: ☐ M ☐ F

Telephone # Home: (___)_____ Cell Phone: (___)_____ Work Phone: (___)_____

Email Address: _____

Are you registered to vote in MA? _____ Have you ever served as an election worker? _____

If yes, where have you worked? _____

Besides English, do you speak any other languages? If yes, please list them: _____

_____

Do you now or have you ever worked for the Town of Acton? If so, please tell us where.

_____

Can you work a full day (6AM – 9PM)? ☐ Y ☐ N

If not, can you work at least a three (3) hour shift? Preference of shift (All times are approximate)::

☐ 6:30 AM – 11:30 AM ☐ 11:00 AM – 4:00 PM ☐ 3:30 PM = CLOSE

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

Signed: _____

Election Use Only

Registered ☐ Y ☐ N If no, registration form sent ☐ Y ☐ N Received ☐ Y ☐ N

Precinct Assigned: _____ W9 Received ☐ Y ☐ N