



# Election Worker Application

*Please complete all information clearly and send back to:*

Acton Town Clerk, 472 Main Street, Acton, MA 01720;

**All Election Workers MUST attend a yearly Training in order to work an Election.**

Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
Number Street City Zip Code

Mailing Address (if different): \_\_\_\_\_  
Number Street City Zip Code

Telephone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

How were you referred to the Elections Department \_\_\_\_\_

Are you registered to vote in MA? YES  NO

Have you ever served as an Election Worker in Acton? YES  NO

If yes, for how many years? \_\_\_\_\_ Which Polling Location?: \_\_\_\_\_

Have you worked as an Election Worker in any other State/Town? YES  NO

If yes, where: \_\_\_\_\_

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

\_\_\_\_\_

Can you work a full day (6AM to 9PM)? YES  NO

If not, what hours are you available? \_\_\_\_\_

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

Signed \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Registered Voter? YES

HR / PAF

HR / W4

If not, form sent? YES  NO

HR / CORI

HR / SUBSTANCE

Voting Precinct:  Party:

HR / I9

HR / CONDUCT

Reviewed By: \_\_\_\_\_

Town Clerk