Election Worker Application

Please complete all information and return to:

By Mail: Town Clerk/Registrar, Town Hall, 41 South Main St., Randolph, MA 02368;
By Fax: (781) 961-0919; or by E-mail as an attachment to csass@randolph-ma.gov

Name:_____
First Middle Last

Residential Address:_____
Number Street Town Zip Code

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

Social Security Number: _____-_____-_____ Date of Birth: _____/_____/_____ Male ☐ Female ☐

Telephone Home # (_____)_____ Work # (_____)_____

E-Mail Address: _____ Cell # (_____)_____

Occupation:_____ Are you registered to vote in MA? Yes ☐ No ☐

Have you ever served as an Election Officer? Yes ☐ No ☐ If yes, for how long and where?_____

Do you speak a foreign language? Yes ☐ No ☐ Please list_____

Do you drive a car? Yes ☐ No ☐ Do you use public transportation? Yes ☐ No ☐

Have you ever been convicted of a felony? Yes ☐ No ☐

Can you work a full day (6am – 9pm)? Yes ☐ No ☐ If no, what hours are you available (4 hr. min.) _____

How did you hear about becoming a poll worker? _____

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

_____
Signature

Approved:

_____
David Murphy