



Election Worker Application

Please complete all information and return to:

By Mail: Office of the Town Clerk, Town Hall, 136 Elm Street Easton MA 02356;
or by E-mail as an attachment to jgillis@easton.ma.us

Name: _____
 First Middle Last

Residential Address: _____
 Number Street Town Zip Code

Telephone Home # _____ Work # _____

E-Mail Address: _____ Cell # _____

Are you registered to vote in MA? Yes No

Have you ever served as an Election Officer? Yes No

If yes, for how long? _____ Where? _____ What role? _____

Do you drive a car? Yes No

Can you work a full day (minimum 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:
