



## ADOPT-A-PRECINCT POLL WORKER APPLICATION

(please print legibly)

### Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

Voter I.D. # (if known) \_\_\_\_\_ Party Affiliation \_\_\_\_\_ Email Address: \_\_\_\_\_  
Required

Residence Address \_\_\_\_\_  
(street) (apt. no) (city) (zip code)

Mailing Address \_\_\_\_\_  
(street) (apt. no) (city) (zip code)

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

1. Have you ever worked as a Poll Worker before? ☐ Yes ☐ No If yes, STATE \_\_\_\_\_ COUNTY \_\_\_\_\_
2. Are you currently serving in a public office? (Per Florida law, candidates are excluded from serving as poll workers on Election Day.) ☐ Yes (Put information in Item #8) ☐ No
3. Do you speak a second language? ☐ Yes ☐ No If yes, what language? \_\_\_\_\_
4. Do you have transportation? (Poll workers are responsible for their own transportation) ☐ Yes ☐ No
5. Smoking is not permitted inside any polling place, and restrictions apply outside at some polling places. Will this be a problem? ☐ Yes ☐ No
6. Brief Work History (include major duties performed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. I am interested in applying for: (check all that apply):

***These positions require courteous and patient interaction with both the public and your fellow poll workers. Some positions require a general working knowledge of electronic equipment.***

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Clerk         | <input type="checkbox"/> Precinct Tech        | <input type="checkbox"/> Precinct Deputy    | <input type="checkbox"/> Inside Deputy |
| <input type="checkbox"/> EViD Operator | <input type="checkbox"/> Ballot Box Inspector | <input type="checkbox"/> Ballot Distributor | <input type="checkbox"/> Alternate     |

### Adopt-A-Precinct Information

What is the name of your Adopt-A-Precinct agency? \_\_\_\_\_

Do you declare that you are working as a poll worker on behalf of your Adopt- A-Precinct agency? ☐ Yes ☐ No

Do you agree to assign your stipend to your Adopt- A-Precinct agency? ☐ Yes ☐ No

**IMPORTANT:** I understand that, as a poll worker, I serve at the will of the Supervisor of Elections and may be removed with, or without, cause. I understand that I may not be selected to work for every election or in my home precinct. (If you are selected to work for an election, you will be notified prior to Election Day.)

By signing this application, I agree to comply with all Florida Election laws including attendance of mandatory poll worker training classes. I certify that I am a registered voter in Brevard County and that I can read and write the English language (F.S. 102.012 (2)), I am an Adopt-A-Precinct poll worker, and I agree to assign my stipend to the Adopt-A-Precinct agency designated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **MAIL – FAX – EMAIL COMPLETED FORM TO:**

Supervisor of Elections - P.O. Box 410819, Melbourne, FL 32941-0819

**PHONE:** (321) 617-7246

**FAX:** (321) 633-2130

**EMAIL:** pollworker@votebrevard.com

***\*Public Records: Per Florida Law, email addresses and/or phone numbers provided are public record.***