# Election Worker Application

Please complete all information and return to:

**By Mail: Office of the Town Clerk, 175 Central Street, East Bridgewater, MA 02333**
**or by E-mail as an attachment to townclerk@eastbridgewaterma.gov**

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 5:15 or 6:15 am –8:00/ 9:00pm)? ____Yes _____ No

If no, please select shifts available _____ AM shift (6:15 am – 1:30 PM) ___ PM shift (1:30 – 8/9:00 PM)

How did you hear about becoming a poll worker? _____

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

_____ _____
Signature Date

Approved:

_____