

POLL WORKER APPLICATION

Pct # _____

Complete and apply in person at the next orientation or at any supervisor of elections office

**KATHY DENT
Supervisor of Elections
Sarasota County, Florida**

PLEASE TYPE OR PRINT CLEARLY

Name _____
Last First Middle

Home Phone # _____ Work Phone # _____ E-mail Address _____

Street Address _____

Voter I.D. # _____ Social Security # _____

Driver License # _____ Party Affiliation _____

Enter date if retired from the Florida Retirement System _____
MM DD YY

Referred by _____

Please indicate assignment preference. inspector _____ deputy _____
(Assignment of clerks and assistant clerks will be at the discretion of the poll worker coordinator.)

Would you be willing to work outside of your home precinct? yes _____ no _____
(The opportunity of working is greater if you work outside of your precinct.)

If necessary, would you serve as a stand-by? yes _____ no _____

If you are volunteering for an organization (Adopt-A-Precinct), please indicate the name of your organization below:

Do you have computer experience? _____ Are you willing to learn? _____

Do you speak another language? _____ Please specify _____

Florida Statutes require that all poll workers:

- ◆ Attend workshops before primary and general elections
- ◆ Have the ability to read and write English
- ◆ Be registered voters in Sarasota County
- ◆ Be 18 years of age (or pre-registered at age 17)

In addition, the poll worker is expected to:

- Attend on election day from 6:00 am until work is completed after the closing of the polls at 7:00 pm
- Be able to lift up to 45 lbs with co-worker.
- Be willing to deal with the public in a courteous, patient and efficient manner

Oath: I do solemnly swear (or affirm) that:

**I am not a convicted felon, or if I am, my rights relating to voting have been restored.
If I am duly appointed as a poll worker, deputy, or stand-by in Sarasota County, I will faithfully perform my duties to the best of my ability and according to the election laws of the State of Florida.**

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 have received a copy of, understand and agree to abide by the poll workers guidelines.

Signature _____ Date _____

We are an Equal Opportunity Employer and do not discriminate on the basis of race, religion, color, sex, age, national origin or disability.

(For office use only)
Interviewed by _____ Date _____ Entered by _____