Poll Worker Survey

(Please PRINT clearly in ink)

Last Name _____ First Name _____ Middle _____ Date of Birth ___/___/___

Address _____ City _____ Zip Code _____

Mailing Address (if different than above) _____

Home Telephone # _____ Cell Telephone # _____

What Political Party do you belong to: _____

Are you a Registered Voter? ☐ YES ☐ NO

Have you ever served as a Poll Worker? ☐ YES ☐ NO
If so, when and where: _____

Poll Workers work on Election Day and must attend an annual training class and pass a certification exam. The more flexible you are in what assignments you accept will improve your opportunity to work.

Please list what geographical areas you are willing to work in: _____

Do you have transportation? ☐ YES ☐ NO
If not, how do you plan on getting to your polling place assignment? _____

Do you speak any other language in addition to English? ☐ YES ☐ NO
If so, please list: _____

Are you interested in serving as an EMERGENCY Inspector, who is ON-CALL on Election Day from 5:30am to 4:00pm to serve at ANY Polling Place in Onondaga County? (You must be available to serve until the polls close at 9:30pm). ☐ YES ☐ NO

Signature _____ Date _____

MAIL COMPLETED FORM TO:

ONONDAGA COUNTY BOARD OF ELECTIONS
ELECTION INSPECTOR DEPT
1000 ERIE BLVD WEST
SYRACUSE, NY 13204