



SAN JOAQUIN COUNTY



EMPLOYEE POLL WORKER PROGRAM



SIGNUP FORM



PLEASE PRINT LEGIBLY & COMPLETE ENTIRE FORM

EMPLOYEE	I AM A U.S. CITIZEN? YES___ No___		I AM REGISTERED TO VOTE IN SAN JOAQUIN COUNTY? YES___ No___	
	NAME:			
	HOME ADDRESS:		MAILING ADDRESS:	
	CITY: ZIP CODE:		CITY: ZIP CODE:	
	HOME PHONE:		ALT PHONE:	
	DEPARTMENT NAME AND LOCATION:			
	POSITION TITLE / CLASSIFICATION:			
	OFFICE PHONE:		OFFICE FAX:	OFFICE E-MAIL:
	CAN YOU SPEAK AND UNDERSTAND A LANGUAGE OTHER THAN ENGLISH? YES___ No___		IF YES, WHAT LANGUAGE?	
	I AM WILLING TO TRAVEL (CHECK ALL THAT APPLY) ___ 1-5 MILES FROM HOME ___ 5-10 MILES FROM HOME ___ ANYWHERE I AM NEEDED			
	I PREFER TO SERVE IN THE AREA NEAR			
	I VOLUNTEER TO WORK AT A POLLING PLACE AND IF ACCEPTED AND PLACED, WILL DO SO ON ELECTION DAY.			
SIGNATURE: _____		DATE: _____		

REQUIRED

APPROVAL	SUPERVISOR'S NAME:		TITLE:	
	SUPERVISOR'S SIGNATURE:			
	OFFICE PHONE:		E-MAIL:	
	I AUTHORIZE THE ABOVE EMPLOYEE TO PARTICIPATE IN A BOARD OF SUPERVISORS APPROVED PROGRAM, AS A COUNTY EMPLOYEE POLL WORKER ON THE FOLLOWING DATES AT A LOCATION AS ASSIGNED BY THE SAN JOAQUIN COUNTY REGISTRAR OF VOTERS OFFICE.			
	SUPERVISOR'S SIGNATURE: _____		DATE: _____	

RETURN	To:	REGISTRAR OF VOTERS OFFICE, PRECINCT OPERATIONS
	BY MAIL:	PO Box 810, STOCKTON CA 95201
	BY FAX:	(209) 468-9534
	BY E-MAIL:	POLLS@SJGOV.ORG
	IN PERSON:	212 N SAN JOAQUIN ST, STOCKTON CA 95202

FOR ELECTIONS USE ONLY: COMMENTS:	HOME PCT:	ASSIGNED PCT:	DATE PLACED:	INITIALS:
	POSITION: (CIRCLE ONE)			ID #:
	FIELD INSPECTOR INSPECTOR CLERK TRANSLATOR			