

★ **SAN JOAQUIN COUNTY** ★
★ **POLL WORKER & POLLING PLACE** ★
★ **APPLICATION** ★



PLEASE PRINT LEGIBLY & COMPLETE ENTIRE FORM

I AM A U.S. CITIZEN? YES___ No___	I AM REGISTERED TO VOTE IN SAN JOAQUIN COUNTY? YES___ No___
NAME:	
HOME ADDRESS:	
CITY:	ZIP CODE:
MAILING ADDRESS:	
CITY:	ZIP CODE:
HOME PHONE:	ALT PHONE:
SOCIAL SECURITY NUMBER:	E-MAIL:
DATE OF BIRTH: <small>IF UNDER 18, NEED PARENT SIGNATURE</small>	PARENT SIGNATURE:
I AM A COUNTY EMPLOYEE? YES___ No___	IF YES, WHAT DEPARTMENT?
I AM A STUDENT? YES___ No___	IF YES, WHAT SCHOOL?
CAN YOU SPEAK AND UNDERSTAND A LANGUAGE OTHER THAN ENGLISH? YES___ No___	IF YES, WHAT LANGUAGE?
DO YOU DRIVE A VEHICLE? YES___ No___	
I AM WILLING TO TRAVEL (<i>CHECK ALL THAT APPLY</i>)	
<input type="checkbox"/> 1-5 MILES FROM HOME <input type="checkbox"/> 5-10 MILES FROM HOME <input type="checkbox"/> ANYWHERE I AM NEEDED	
I PREFER TO SERVE IN THE AREA NEAR:	
<input type="checkbox"/> STOCKTON <input type="checkbox"/> MANTECA <input type="checkbox"/> LODI <input type="checkbox"/> TRACY <input type="checkbox"/> LATHROP <input type="checkbox"/> RIPON <input type="checkbox"/> ESCALON <input type="checkbox"/> LOCKEFORD	
I AM WILLING TO USE MY HOME OR BUSINESS AS A POLLING PLACE ON ELECTION DAY. YES___ No___	
I VOLUNTEER TO WORK AT A POLLING PLACE AND IF ACCEPTED AND PLACED, WILL DO SO ON ELECTION DAY. I UNDERSTAND THAT ELECTION DAY HOURS ARE APPROXIMATELY 6:00 A.M. TO 10:00 P.M.	
SIGNATURE: _____ DATE: _____	

RETURN INFORMATION

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:	44 N SAN JOAQUIN ST, SUITE 350, STOCKTON CA 95202

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