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 # _____

E-Mail Address: _____

What Political Party do you belong to? : _____

Are you a Registered Voter? (Circle) YES NO

Have you ever served as a Poll Worker? (Circle) 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 within Onondaga County: _____

Do you have transportation? (Circle) 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