

REQUEST TO BECOME AN ELECTION WORKER

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Date of Birth _____

Last 4 digits of Social Security Number _____

Have you ever worked as an election worker before?

Yes _____ No _____ If so, where? _____

In which precinct or area could you work?

Which political Party would you work for? _____

Which election(s) can you work?

_____ February _____ April _____ June

_____ August _____ November

Can you work as a standby (called at any moment)?
worker? _____ Yes _____ No

Signature _____

This form will allow my staff to put your name on our list of possible election workers. This will not be a guarantee that you will be called to work in any given election, only that you are willing.

This Request is for St. Francois County Residents Only