

POLL WORKER/ELECTION OFFICER APPLICATION

(Please print neatly)

NAME: _____

SSN: _____
(required for payment)

BIRTH DATE: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

MAILING ADDRESS (if different from above):

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____

e-mail: _____

I am interested in working ____ State elections and/or ____ school elections.

THE BEST TIME TO CONTACT ME IS: _____

Signature

RETURN THE SIGNED AND COMPLETED FORM TO:

**ATTN: ELECTION OFFICER ASSIGNMENTS
DEPARTMENT OF ELECTIONS FOR NEW CASTLE COUNTY
820 N FRENCH ST SUITE 400
WILMINGTON, DE 19801**