Election Worker Application

Please complete all information and return to:

By Mail: Office of the Town Clerk, Town Hall, 1 JFK Memorial Dr., Braintree, MA 02184;
By Fax: (781) 794-8259; or by E-mail as an attachment to jpowers@braintreema.gov

Name:_____
First Middle Last

Residential Address:_____
Number Street Town Zip Code

Telephone Home #_____ Work # _____

E-Mail Address: _____ Cell # _____

Are you registered to vote in MA? Yes ☐ No ☐

Have you ever served as an Election Officer? Yes ☐ No ☐

If yes, for how long? _____Where?_____What role?_____

Do you drive a car? Yes ☐ No ☐

Do you use public transportation? Yes ☐ No ☐

Can you work a full day (minimum 6am – 9pm)? Yes ☐ No ☐ If no, what hours are you available (4 hr. min.) _____

How did you hear about becoming a poll worker? _____

I certify that the information given above is true and complete.

_____
Signature

Approved:

_____