

Complete and return this application or visit  
**[www.volusia.org/elections](http://www.volusia.org/elections)**  
to submit an online application

## Volusia County Poll Worker Application

Please Print

\_\_\_\_\_  
Name (Last, First, Middle Initial)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Voter ID Number (if known)

\_\_\_\_\_  
E-mail Address

Do you speak a second language or have technical skills?  
Please specify below.

Please Answer the Following Questions:

I am able to attend  
training classes:

- Weekends Only  
 Weekdays Only  
 Any Time

I'm willing to work 14-16  
hours, 1-2 days a year:

- Yes  
 Maybe  
 No

I have laptop computer  
experience:

- Yes  
 Desktop Only  
 No

I have leadership or  
managerial experience:

- Yes  
 Yes, but limited  
 No

Please Note: Florida has a very broad public records law. Most written and electronic communications are available to the public and media upon request. Your communication may be subject to public disclosure.