

TOWN OF BELMONT

Election Worker Application

Please complete all information and return to:

By Fax:	617-993-2601	own Clerk, 455 Co			02478;
Name: _	First	Middle		Last	
Home Address:					
		<i>,</i> 			
Email Address:					
Are you registered to vote in Massachusetts? Yes No No					
Have you ever served as an Election Worker? Yes No No					
f yes, for	how long?	Where?		What role?	
Are you able to work on Election Day from 6:00 am – 1:00 pm Yes No					
Are you able to work on Election Day from 1:00 pm – 8:30 pm Yes No 🔲					
What type of transportation would you use to get to precinct polling location?					
Ca	ar 🔲	Walk	Public Trar	nsportation	
How did you hear about becoming an election worker?					
certify that the information given above is true and complete.					
Signature					
Ü			Approved:		