

2011 Election Officer Application

Please Print/Type and complete all information clearly and send back to:

By Mail: Lynn Election Department, City Hall, Room 203, Lynn, MA 01901

By Fax: (781) 477-7032 or E-mail as attachment: krichard@ci.lynn.ma.us

First Name		Middle Name		Last Name	
Residential Address	Number	Street	City	State	Zip Code
Mailing Address (if different)	Number	Street	City	State	Zip Code

Social Security Number:

Date of Birth:

Gender – Male Female

Home Telephone –

Work Phone –

E-Mail Address:

Cell Phone –

Occupation:

Are you registered to vote in MA? Yes No

Have you ever served as an Election Officer? Yes No . If yes, for how many years?

If yes, where have you worked and in what capacity? Ward Precinct

Warden Clerk Inspector Interpreter

Besides English, do you speak any other languages? Yes No .

If yes, please list them

Do you drive a car or use public transportation

Would you be willing to travel to another Polling location to work, if needed? Yes No .

Have you ever been convicted of a felony? Yes No .

How were you referred to the Election Department?

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

Signed _____ Date _____

For Election Use only:

Registered? Yes No . If no, Registration Form Sent – Yes No . Received – Yes No .

Voter Identification Number

Home Ward Home Precinct Work Ward Work Precinct Position