



# County Employee Poll Worker Application

## 1. Applicant Information (Please print clearly)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthday (mm/dd/yy) \_\_\_\_\_ Employee ID \_\_\_\_\_  
 Street Address \_\_\_\_\_ Unit/Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Mailing Address (If different) \_\_\_\_\_ Unit/Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
 Home Email Address \_\_\_\_\_ Work Email Address \_\_\_\_\_  
 Do you have access to a vehicle? Yes  No  Are you registered to vote in the state of California? Yes  No   
 Are you available to work outside of your neighborhood? Yes  No   
 If Yes, how far? 5-10 miles  11-20 miles  21-30 mile  31-40 miles

## 2. Skills and Experience (Please check all that apply)

Election Experience	Professional Experience	Language Skills
Clerk <input type="checkbox"/>	Administration/Clerical <input type="checkbox"/>	Cantonese <input type="checkbox"/> Khmer <input type="checkbox"/> Tagalog <input type="checkbox"/>
Supervisor <input type="checkbox"/>	Customer Service <input type="checkbox"/>	Hindi <input type="checkbox"/> Korean <input type="checkbox"/> Thai <input type="checkbox"/>
Field Representative <input type="checkbox"/>	IT/Technical <input type="checkbox"/>	Indonesian <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/>
Machine Technician <input type="checkbox"/>	Recruiting/Training <input type="checkbox"/>	Japanese <input type="checkbox"/> Spanish <input type="checkbox"/>
Other: _____	Supervisory <input type="checkbox"/>	Other: _____

## 3. Departmental Information

County Department Name \_\_\_\_\_ Immediate Supervisor Name \_\_\_\_\_ Immediate Supervisor Phone Number \_\_\_\_\_  
 By signing below, I tentatively approve this employee's application to serve as a County Poll Worker (contingent on the successful completion of training and selection to work) for the upcoming election.  
 Department Head Name (Print) \_\_\_\_\_ Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

## 4. Compensation and Work Hours

<b>Compensation:</b>	As a San Bernardino County Employee you will receive your County pay while attending training and working on Election Day. This may include overtime and mileage reimbursement pursuant to your employee group's Memorandum of Understanding and other applicable ordinances, policies, and procedures. <b>County employees will code all election hours in EMACS and will not receive a separate stipend payment for completing Election Day assignments.</b>
<b>Work Hours:</b>	Tuesday, September 14, 2021 (6:00 a.m. – approx. 9:30 p.m.).

## 5. Submission Instructions and Information

Return completed applications:

- By Email: Scan or take a picture of the application and email to [pollworkers@sbcountyelections.com](mailto:pollworkers@sbcountyelections.com)
- By Fax: (909) 387-2022
- By Mail or in Person: Registrar of Voters, 777 E. Rialto Avenue, San Bernardino, CA 92415

**Individuals who are registered sex offenders cannot volunteer. For any questions, call the Registrar of Voters at (909) 387-8300.**