

I am interested in becoming a Poll Worker for the Harrison County Elections Office. I understand that by filling in this form and submitting it, my name and contact information will be placed in the database of interested Election Workers. This information will also be sent to the party I have indicated for possible placement in any of the Primary Elections. If I indicate no party affiliation, my name will be sent to both party chairs.

If there are any questions, please contact the Election Office at 903-935-4822.

ELECTION WORKER INFORMATION

Name				
Last Fir	First		Middle	
Residence Address (911/Street Address, Apt.#)	City	State	Zip	
Mailing Address (If different than above)	City	State	Zip	
Telephone Number Home	Mobile			
Check as applicable:				
DO wish to work				
Have previously worked in Elections in the State of		as:		
Judge Alternate Clerk Early Vot	ting Clerk	Election Night C	ount Worker	
Approximate number of elections worked: 1-3	4-6	7 or more		
Have not worked previously, but am interested i	n working as:			
Judge Alternate Clerk Early Vot	ting Clerk	Election Night C	ount Worker	
Do you have a political party affiliation?	🗖 No			
If so, please specify:	(for pla	acement of primar	y election workers)	
Do you speak any languages fluently other than Eng	glish? 🗖 Ye	s 🗖 No		
If yes, please specify				
Email address:				
Signatura		Data		
Signature		Date		