

Election Officer Application

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

**By Mail: Springfield Election Commission, City Hall, Room 8, Spfld, MA 01103;
or Fax: (413) 787-6186**

Name: _____
First Middle Last

Residential Address: _____
Number Street City Zip Code

Mailing Address (if different): _____
Number Street City Zip Code

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Gender - Male Female

Telephone # Home - (_____) _____ (Work) - (_____) _____

E-Mail Address: _____ Cell Phone # _____

Are you registered to vote in MA? _____

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? _____ If yes, please list them _____

Do you have a form of transportation? Yes _____ No _____

Would you be willing to travel to another Polling location to work, if needed? _____

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

How were you referred to the Election Department? _____

Can you work a full day (6:30am – 8:15pm)? Yes _____ No _____ If no, what hours are you available? _____

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