

# Election Officer Application

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

By Mail: Election Department, Lynn City Hall, 3 City Hall Square, Room 203, Lynn, MA 01901

By Fax: (781) 477-7032 or E-mail as attachment: [krichard@lynnma.gov](mailto:krichard@lynnma.gov)

Name	First		Middle		Last	
Residential Address	Number	Street		City	State	Zip Code
Mailing Address (if different)	Number	Street		City	State	Zip Code
Social Security No.				Date of Birth		

Gender – Male  Female

Telephone # Home – (\_\_\_\_) \_\_\_\_\_ (Work) – (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Are you registered to vote in MA? Yes  No

How were you referred to the Election Department? \_\_\_\_\_

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 .

Are you available for last minute notice to work, if needed? Yes  No .

Must agree to work from 6:30 AM until polls close at 8:00 PM and all paperwork is complete. Yes  No .

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