



SIGN-UP SHEET

Elections Worker

CONTACT INFORMATION

FIRST NAME

LAST NAME

STREET ADDRESS

PO BOX - if applicable

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

WHEN ARE YOU AVAILABLE?

DATE OF BIRTH (MM/DD/YYYY)

PARTY AFF.

HOW WOULD YOU LIKE TO HELP?

EMERGENCY CONTACT 1

In the event of an emergency, please contact:

FIRST NAME

LAST NAME

PRIMARY PHONE NUMBER

SECONDARY PHONE NUMBER

EMERGENCY CONTACT 2

In the event of an emergency, please contact:

FIRST NAME

LAST NAME

PRIMARY PHONE NUMBER

SECONDARY PHONE NUMBER

EMAIL FORM