



Poll Worker Application Volusia County

NAME:

DATE OF BIRTH:

(MM/DD/YYYY)

VOTER REGISTRATION #:

(IF KNOWN)

RESIDENCE ADDRESS:

MAILING ADDRESS:

(IF DIFFERENT THAN RESIDENCE)

EMAIL ADDRESS:

PHONE NUMBERS:

HOME

CELL

WORK/
ALTERNATE

ARE YOU FLUENT IN A LANGUAGE(S) OTHER THAN ENGLISH? Yes, SPECIFY

COMPLETED FORM MAY BE SUBMITTED IN PERSON, BY EMAIL, OR FAX.

DEPARTMENT OF ELECTIONS

1750 SOUTH WOODLAND BLVD, DELAND, FL 32720

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