



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.

SUPERVISOR OF ELECTIONS
1750 SOUTH WOODLAND BLVD, DELAND, FL 32720
(386) 736-5930

EMAIL: VCEELECTIONTEAM@VOLUSIA.ORG

FAX: (386) 822-5715