

POLL WORKER QUESTIONNAIRE
BOARD OF REGISTRATION AND ELECTIONS
DOUGHERTY COUNTY, GEORGIA
P. O. BOX 1827, ALBANY, GA 31702
APPLICANT MUST BE A REGISTERED VOTER IN DOUGHERTY COUNTY

1. _____ _____ _____
 LAST NAME FIRST NAME MID/MAIDEN
2. _____ _____ _____
 RESIDENCE ADDR. MAILING ADDR. PHONE NO.
- _____ _____ _____
 LAST FOUR OF SSN DL. NUMBER DATE OF BIRTH
4. _____ _____
 PLACE OF EMPLOYMENT OCCUPATION
5. WILL YOU ALWAYS BE AVAILABLE TO WORK AT THE POLLS ON
 ELECTION DAYS DURING THE HOURS OF 6:00 A.M. – 9:00 P.M.?
 (MAXIMUM TIME REQUIRED) _____
6. PRECINCT IN WHICH YOU VOTE? _____
7. HAVE YOU WORKED AT THE POLLS BEFORE? _____
8. WILL YOU BE AVAILABLE TO ATTEND A TWO-HOUR TRAINING
 COURSE BEFORE WORKING AT POLLS? _____
9. WERE YOU RECOMMENDED BY SOMEONE FOR THIS POSITION?
 _____ IF SO, BY WHOM? _____
10. PLEASE GIVE A BRIEF SUMMATION OF YOUR REASON FOR WANTING TO
 WORK AT THE POLLS. (IF YOU NEED MORE ROOM FOR WRITING,
 CONTINUE ON THE BACK OF THE SHEET)

SIGNATURE

DATE