

Election Worker Application

Please complete all information and return to:

**By mail/ in person: Town Clerk, 20 Main St., Mendon, MA 01756**

**By Fax: (508) 478-8241; or by E-mail to** **townclerk@mendonma.gov**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First MI Last

Address: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. Street Town Zip Code

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you registered to vote in MA? **Y** or **N** Party Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior experience: Warden Clerk Checker Ballot Box None

Availability \_\_\_ AM shift (6:30 am – 12:00 PM) \_\_\_ PM shift (12:00 – 5:00 PM) \_\_\_\_Close 5:00-close

Are you interested in: Senior abatement hours\_\_\_\_\_

 Veteran abatement hours\_\_\_\_\_

 Volunteer hours\_\_\_\_\_