

Lassen County Clerk/Elections Office

Poll Worker Application

1. Applicant Information (Please print clearly)						
First Name		Last Name				
Street Address		Unit/Apt #	City		State	Zip Code
Mailing Address (If different)		Unit/Apt #	City		State	Zip Code
Phone Number		Cell Phone N	umber		Email Address	
Do you have access to a vehicle? Yes □ No □ Are you registered to vote in the state of California? Yes □ No □ Are you a U.S. Citizen or a Legal Permanent Resident of the United States? Yes □ No □						
2. Skills and Experience (Please check all that apply)						
What is your level of education High School □		ollege 🏻	Undergraduate		Advanced De	gree \square
Election Experience		Profession	nal Experience		Language S	skills
Election Day Standby Election Day Clerk Election Day Assistant Election Day Inspector Election Day ROVER		Customer IT / Techn	ical / Training			languages other than you fluent in?
3. Availability						
Are you a regular county employee? Are you available on Election Day from 6:00 am to 9:00 pm? Are you able to attend the mandatory training? Are you available to work outside of your neighborhood? If Yes, how far? Yes □ No □ Yes □ No □ Yes, how far? Yes □ No □ Yes, how □ Yes, how □ Yes □ No □ Yes, No □						
4. Signature and Date						
I hereby attest that the information provided is accurate and complete.						
Sign: Date:						
5. Submission Instructions and Information						
Return completed applications: By Email: lcclerk@co.lassen.ca.us By Fax: (530) 257-3480						