



Earl Lennard
Supervisor of Elections

Personal Information

Name: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Alternate Phone: _____

E-mail Address: _____

Social Security Number: _____

Birth Date: _____ Voter Number (if known): _____

Mailing Address (if different than residence): _____

Are you retired from the Florida State Retirement System? _____ If yes, date of retirement: _____

Have you ever worked as a Poll Worker before? _____ If so, where and when? _____

Do you speak a second language? _____ If yes, what language? _____

Do you have experience using Windows software programs? _____

Do you routinely use a personal computer to obtain information via the internet? _____

Adopt A Precinct Information

What is the name of your Adopt A Precinct agency? Big Brothers Big Sisters of Tampa Bay, Inc.

Do you declare that you are working as a poll worker on behalf of your Adopt A Precinct agency? Yes

Do you agree to assign your stipend to your Adopt A Precinct agency? Yes

All poll workers must attend state mandated training.

By signing this application, I agree to comply with all pertinent election laws and regulations, including attendance at mandatory training class. I certify that I am a registered voter in Hillsborough County, I can read and write English, I am an Adopt A Precinct poll worker, and I agree to assign my stipend to my Adopt A Precinct agency.

Signed: _____ Date: _____