



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	<input type="text"/>
CELL	<input type="text"/>
WORK/ ALTERNATE	<input type="text"/>

ARE YOU FLUENT IN A LANGUAGE(S) OTHER THAN ENGLISH? Yes, SPECIFY

COMPLETED FORM MAY BE SUBMITTED IN PERSON, BY MAIL, EMAIL, OR FAX.

DEPARTMENT OF ELECTIONS
HISTORIC COURTHOUSE, 125 WEST NEW YORK AVENUE, DELAND, FL 32720-5415

AREA CODE FOR ALL NUMBERS IS (386).

W. VOLUSIA: 736-5930 NE VOLUSIA: 254-4690 SE VOLUSIA: 423-3311

EMAIL: VCEELECTIONTEAM@VOLUSIA.ORG

FAX: 386-822-5715