

OKEECHOBEE COUNTY
ELECTION WORKER AFFIRMATION

NOTE: PLEASE READ THE INFORMATION BELOW BEFORE COMPLETING THE APPLICATION.

All Election Workers must be able to perform several essential job functions, including...

- the ability to set-up and break down the precinct, move and assemble the voting equipment weighing up to 50 pounds and be willing to work as a precinct team member as requested by the Clerk;
- the ability to read carefully with attention to details and follow detailed voting procedures as required by law;
- the ability to deal with the public in a courteous, patient, and efficient manner;
- the ability to sustain long periods of sitting, and/or standing throughout the day, as the demands of the voters require; and
- the visual ability to read equipment displays, precinct registers, EViD computer screens, ballot issuing tickets, voting passes, ballots, as well as other clerical duties assigned by the Clerk.

Additionally, all election workers must be registered voters and must be willing to **remain inside the polling place from 6:00 a.m. until dismissed by the Clerk when work is completed after 7:00 p.m. poll closing.** The only exceptions to this requirement are for eating, using the restrooms, outside smoking breaks, if permitted, and only with the Clerk's permission.

Pursuant to F.S. 102.014(1), all election workers are required to attend a training session prior to each election.

* * * * *

I have read the above job description and believe I can perform all the required duties.

_____ Name (please print)

_____ Date

Signature

Please Return Completed Forms to address below or by Fax:

Supervisor of Elections Office, 304 NW 2nd Street, Room 144, Okeechobee, FL 34972
(in the Historic Courthouse Building) Fax: (863) 763-0152

OKEECHOBEE COUNTY ELECTION WORKER APPLICATION

(Please Read Carefully and Print Legibly)

Name _____ Date of Birth _____

Residence Address _____
(# and Street) (City) (Zip Code)

Mailing Address (if different) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Checked regularly? Yes No

Voter ID# (if known) _____ Precinct # _____ Party Affiliation _____ SS# _____ **

**Privacy Act Statement: Your Social Security Number is requested on a voluntary basis under authority of sections 6041 and 6109 of the Internal Revenue Code. If you earn more than \$600 in compensation as an election worker, we must inform the Internal Revenue Service using your social security number, and it is helpful to get your number now. Failure to provide you social security number at this time will not disqualify you as an election worker, but it may delay payment(s) to which you become entitled.

Yes No

- 1. Are you a retiree from any Florida State-administered retirement system? If yes, what is your date of retirement? _____
- 2. Are you willing to work somewhere other than your home precinct, if necessary?
- 3. If not assigned to a precinct, are you willing to be placed on a standby/reserve list?
- 4. Have you ever worked at the poll before? If so, where? _____
When? _____ What job? _____ What equipment type? _____
- 5. Are you willing and able to attend the mandatory training for each election?
- 6. Smoking is not permitted inside any polling place, and restrictions apply outside at many polling places. Will this be a problem for you?
- 7. Do you have transportation? (Election worker are responsible for their own transportation)
- 8. If your spouse is also an election worker, must you work at the same precinct due to transportation?
- 9. You may have to come to work and return home in the non-daylight hours. Is this OK with you?
- 10. Are you sufficiently proficient in Spanish to translate for Hispanic voters at the polls?
- 11. Were you referred by another Election Worker? If so, who? _____
- 12. Do you have computer experience?

IMPORTANT

I understand that, as an election worker, I serve at the will of the Supervisor of Elections and may be removed with, or without, cause. I understand that I may not be selected to work for every election or in my home precinct. If you are selected to work for an election, you will be notified by phone prior to Election Day.

By signing this application I agree to comply with all Florida Election laws, including attending the mandatory Election Worker training classes. I certify that I am a registered voter in Okeechobee County and that I can read and write the English language. (F.S. 102.012 (2))

Signature _____ Date _____

Please Return Completed Forms to address below or by Fax:

Supervisor of Elections Office, 304 NW 2nd Street, Room 144, Okeechobee, FL 34972
(in the Historic Courthouse Building) Fax: (863) 763-0152

***Public Records: Per Florida Law, email addresses and/or phone numbers provided are public record.**

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: (Cell) _____ (Home) _____ (Work) _____