

Cert ID#\_

## Ron Turner, Supervisor of Elections Sarasota County, Florida

## STUDENT POLL WORKER APPLICATION

IMPORTANT: This form must be completed and returned to the Supervisor of Elections office with the student's signed Social Security card and driver license/ID for inspection. School ID is acceptable. The student will also be asked to submit or complete an I-9 form for employment eligibility.

Name			
Last	First	Middle	
Home Phone Number	Cell Ph	Cell Phone Number	
E-mail			
Address	City	Zip	
School Name:			
	Social Security card and driver license/ID and nibility, worker's compensation and insurance	completed 1-9 Form. Social Security numbers are requested e, background checks, and income reporting.	
Please complete the follow	ing:		
•	outside of your home precinct? □ Ye	es 🗆 No Comments/How far (miles) are you	
2. What is your computer experi	ence?		
<b>3.</b> Are you fluent in languages of	ther than English? 🗆 Yes 🔲 No	If yes, specify:	
<ul> <li>Can read and write English. F.</li> <li>Complete required training p</li> <li>Work election day from 6:00</li> </ul>	ota County (or pre-registered at age 16-17. <i>S.102.012(2)</i> rior to each election. <i>F.S.102.014(4)</i> am until work is completed after the polls of		
<ul> <li>In addition, the poll worker is ex</li> <li>Be able to lift 40 lbs. with co-</li> <li>Interact with the public in a co-</li> </ul>	-		
We are an Equal Opportunity Employer and do no age, disability, or genetic information.	t discriminate based on race, color, religion, sex (includin	ng pregnancy, gender identity, and sexual orientation), national origin,	
without cause. I have received a When you work with the Saraso filming or other recording takes	copy of, understand and agree to al ta County Supervisor of Elections off place. By accepting employment, yo	sor of Elections and may be removed with or bide by the poll worker guidelines. fice, you may work in an area where photography ou consent to the recording, release, publication, ecord, unless otherwise exempted by Florida law.	
Signature of Student		Date	
Parent/Guardian Signature (if stude	nt is under 18 yrs.)	Parent's Phone #	
(For office use only)			

\_\_\_\_\_ Entered by \_\_\_\_\_ Pct # \_\_