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 a legible copy of student's signed Social Security card and driver license.

PLEASE TYPE OR PRINT CLEARLY

Name____

Last **First** **Middle**

Home Phone # __________________ **Cell Phone #**_________________**E-mail**________________________________

Street Address____ **City & Zip**________________________________

***Social Security #** ____________________________ **Driver License #**______________________________________

Date of Birth ________________________________

School Name ________________________________ **Referring Teacher** ____________________________________

*Social Security number, including a copy of a social security card or other ID containing SS number is requested and used for the purpose of payroll eligibility, verification, processing employment benefits including Florida Retirement System (FRS), worker's compensation and insurance, applicant and employee background checks, and income reporting. Numerical Social Security data will be used solely for those purposes.

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Do you have computer experience? ____________ Are you willing to learn? _________

What language(s) other than English do you speak? __________________________________ Fluent? __________

Are you willing to work outside of your precinct? Yes ____ No ____ Comments _____________________________

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Florida Statutes require that all poll workers:

- Attend workshops before primary and general elections
- Have the ability to read and write English
- Be registered voters in Sarasota County
- Be 18 years of age (or pre-registered at age 16)

In addition, the poll worker is expected to:

- Attend on election day from 6 a.m. until work is completed after the closing of the polls at 7 p.m.
- Be able to lift 45 lbs with co-worker
- Be willing to deal with the public in a courteous, patient and efficient manner.

Oath: I do solemnly swear (or affirm) that:
I am not a convicted felon, or if I am, my rights relating to voting have been restored. If I am duly appointed as a poll worker, I will faithfully perform my duties to the best of my ability and according to the election laws of the State of Florida.

I understand that, as a poll worker, I serve at the will of the supervisor of elections and may be removed with, or without, cause. I have received a copy of, understand and agree to abide by the poll worker guidelines.

Signature of Student ____ **Date** ______________________________

Signature of Parent/Guardian (If under 18 yrs) __________________________ **Parent's Phone #** ________________

We are an Equal Opportunity Employer and do not discriminate on the basis of race, religion, color, sex, age, national origin or disability.

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(For office use only)Voter ID#_______________________**Date**_____________________**Entered by**____________ **Pct #**________