

CITY OF RIVIERA BEACH



POLL WORKERS APPLICATION

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____

ZIP CODE: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

E-MAIL ADDRESS: _____

VOTER REGISTRATION NO: _____

PRECINCT IN WHICH YOU ARE REGISTERED: _____

CITY OF RIVIERA BEACH



POLL WORKERS APPLICATION

ARE YOU A REGISTERED VOTER IN PALM BEACH COUNTY:

YES NO (IF NO, THEN YOU MUST REGISTER TO VOTE)

DO YOU LIVE IN THE CITY OF RIVIERA BEACH

YES NO

DO YOU CONSIDER YOURSELF COMPUTER LITERATE:

YES NO

DO YOU SPEAK ANY OTHER LANGUAGES FLUENTLY:

YES NO

IF YES, PLEASE SPECIFY: _____

DO YOU HAVE YOUR OWN TRANSPORTATION:

YES NO

ARE YOU WILLING TO BE A CLERK OF A PRECINCT:

YES NO