



LANCASTER COUNTY ELECTION OFFICE
Poll Worker Application

1. Last name: _____ First name: _____ Middle initial: _____
Preferred first or nickname: _____
2. *Date of birth: ____ \ ____ \ ____ *Social Security Number: _____
3. Home phone: _____ Cell phone: _____
4. Street address: _____
City: _____ ZIP: _____
5. Place of employment: _____ Work phone: _____ Ext: _____
6. Applicant's e-mail address: _____ @ _____
7. Emergency contact person: _____ Relationship: _____
Home phone: _____ Work phone: _____ Cell phone: _____
8. If applicable, who referred you? _____ Phone: _____
9. How far (within Lancaster County) are you willing to travel? _____
10. If asked to serve, do you meet the requirements of good eyesight and hearing? Yes ___ No ___
The ability to sit for an extended length of time? Yes ___ No ___
Describe any special accommodations you may need: _____

I CERTIFY THAT I AM NOW A REGISTERED VOTER IN LANCASTER COUNTY, THAT I AM PHYSICALLY ABLE TO PERFORM THE DUTIES OF ANY ASSIGNED POSITION, AND THAT THE FOREGOING ANSWERS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

* The information is required if you are hired in order to enter your records in our system. Age is not a bar to employment. Lancaster County is an affirmative action and equal opportunity employer.

----- OFFICE USE ONLY -----

PRECINCT: _____ PARTY: _____ VOTER ID: _____ PROCESS DATE: _____