



**DEKALB COUNTY
VOTER REGISTRATION & ELECTIONS**

(404) 298-4020 Office

FOR OFFICE USE ONLY:

Dekalb County Employee? Y N

Dekalb County Resident? Y N

Assigned Precinct: _____

Date: _____

Empl. Initial: _____

POLL OFFICIAL QUESTIONNAIRE

DATE: _____ Name of Precinct: _____

NAME AS REGISTERED: _____

ADDRESS: _____

HOME/CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ RACE: _____

DATE OF BIRTH: _____ GENDER: ___ MALE ___ FEMALE

PARTY PREFERENCE: ___ DEMOCRAT ___ REPUBLICAN ___ INDEPENDENT ___ OTHER

PREVIOUS POLL EXPERIENCE: ___ YES ___ NO (IF YES, WHERE?): _____

POSITION APPLYING FOR: (CHECK ALL THAT APPLY)

___ CLERK ___ EXPRESSPOLL CLERK ___ MANAGER/ASSISTANT MANAGER

WORK EXPERIENCE (BRIEFLY): _____

POSSES THE FOLLOWING SKILLS: ___ TYPING ___ COMPUTERS ___ ABLE TO LIFT 30 LBS.
___ CUSTOMER SERVICE ___ TOUCH SCREEN ELECTRONICS

By your signature you are stating, "I am at least 16 years of age, able to read, write and speak the English language, I do not hold a public office, nor am I related to a candidate whose name will appear on the ballot and I am a United States citizen"

(GA ELECTION CODE 21-2-92)

SIGNATURE: _____

Please Return form to:
4380 MEMORIAL DRIVE • DECATUR, GA 30032
or FAX(404) 298-4038

VRE-Q4-16