



ELISABETH E. HORAN
INTERIM TOWN CLERK

TOWN CLERK'S OFFICE FAIRHAVEN, MASSACHUSETTS

Election Worker Application

Please complete all information clearly and send back to:

Fairhaven Town Clerk, 40 Center Street, Fairhaven, MA 02719 or clerk@fairhaven-ma.gov

All election workers MUST attend a yearly training in order to work an election.

Name: _____

Residential Address: _____
Street, City, State, Zip

Mailing Address (if different): _____
Street, City, State, Zip

Telephone Number: (Home) (Cell) _____ Email: _____

Besides English, do you speak any other languages? If yes, please list: _____

Are you registered to vote in MA? YES NO

What is your political designation (this question is asked to balance parties at polling locations)?

Democrat ☐ Republican ☐ Unenrolled ☐

Have you ever served as an Election Worker? YES NO

If yes, for how long? _____ What role? _____ Where? _____

What hours are you available? (Check all that apply)

Full Day (6am-9pm plus) ☐ Half Day 1st Shift (6am-2pm) ☐ Half Day 2nd Shift (1:30pm-9pm plus) ☐ On Call Back Up ☐

Are you available other dates for activities such as early voting, advance processing of ballots, etc.? YES NO

I certify that the information given above is true and complete.

Signature

Date

Office Use Only

Registered:

HR Complete:

Sworn In Date:

Party: