



County Employee Poll Worker Application

1. Applicant Information (Please print clearly)

First Name	Last Name	Birthday (mm/dd/yy)	Employee ID
Street Address	Unit/Apt #	City	State Zip Code
Mailing Address (If different)	Unit/Apt #	City	State Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number	
Home Email Address	Work Email Address		
Do you have access to a vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you registered to vote in the state of California? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you available to work outside of your neighborhood? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, how far? 5-10 miles <input type="checkbox"/> 11-20 miles <input type="checkbox"/> 21-30 mile <input type="checkbox"/> 31-40 miles <input type="checkbox"/>			

2. Skills and Experience (Please check all that apply)

Election Experience	Professional Experience	Language Skills		
Clerk <input type="checkbox"/>	Administration/Clerical <input type="checkbox"/>	Cantonese <input type="checkbox"/>	Khmer <input type="checkbox"/>	Tagalog <input type="checkbox"/>
Supervisor <input type="checkbox"/>	Customer Service <input type="checkbox"/>	Hindi <input type="checkbox"/>	Korean <input type="checkbox"/>	Thai <input type="checkbox"/>
Field Representative <input type="checkbox"/>	IT/Technical <input type="checkbox"/>	Indonesian <input type="checkbox"/>	Mandarin <input type="checkbox"/>	Vietnamese <input type="checkbox"/>
Technical Clerk <input type="checkbox"/>	Recruiting/Training <input type="checkbox"/>	Japanese <input type="checkbox"/>	Spanish <input type="checkbox"/>	
Other: _____	Supervisory <input type="checkbox"/>	Other: _____		

3. Departmental Information

County Department Name	Immediate Supervisor Name	Immediate Supervisor Phone Number
By signing below, I tentatively approve this employee's application to serve as a County Poll Worker (contingent on the successful completion of training and selection to work) for the upcoming election.		
Department Head Name (Print)	Department Head Signature	Date

4. Compensation and Work Hours

Compensation:	As a San Bernardino County Employee you will receive your County pay while attending training and working on Election Day. This may include overtime and mileage reimbursement pursuant to your employee group's Memorandum of Understanding and other applicable ordinances, policies, and procedures. County employees will code all election hours in EMACS and will not receive a separate stipend payment for completing Election Day assignments.
Work Hours:	Tuesday, June 7 th , 2022 (6:00 a.m. – approx. 9:30 p.m.).

5. Submission Instructions and Information

- Return completed applications:
- By Email: Scan or take a picture of the application and email to pollworkers@sbcouneyelections.com
 - By Fax: (909) 387-2022
 - By Mail or in Person: Registrar of Voters, 777 E. Rialto Avenue, San Bernardino, CA 92415

Individuals who are registered sex offenders cannot volunteer. For any questions, call the Registrar of Voters at (909) 387-8300.