



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 miles <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, March 5, 2024 (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

Election Workers must comply with legal restrictions imposed upon them including, but not limited to, restraining orders, restrictions imposed on registered sex offenders, or any other prohibitions or limitations on their presence at voting locations and must notify the County immediately if they are prohibited from serving at their assigned voting location.

For any questions, call the Registrar of Voters at (909) 387-8300.