



# COUNTY OF KINGS ELECTIONS DEPARTMENT

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## POLL WORKER APPLICATION

**Please Print Clearly:** *All information is required. An incomplete form will delay assignment*

I am a U.S Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Are you a Legal Permanent Resident of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
I am registered to vote in Kings County <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	
Address:	
City:	Zip Code:
Mailing Address:	
City:	Zip Code:
Home Phone:	Cell Phone:
Work Phone:	Email:
Date of Birth:	CA Drivers License or ID Card #:
I am a County Employee:    Yes    No <span style="margin-left: 100px;">Check One</span>	If YES – What Department:
Multilingual:    Yes    No <span style="margin-left: 100px;">Check One</span>	If YES – What Language:
Interested in volunteering for the: <input type="checkbox"/> Clerk Position <input type="checkbox"/> Inspector Position	<b><u>Prior</u></b> Experience: (if any) <input type="checkbox"/> Clerk Position <input type="checkbox"/> Inspector Position
I prefer to serve in the area near <input type="checkbox"/> <b>Anywhere I am needed</b> <input type="checkbox"/> Avenal <input type="checkbox"/> Corcoran <input type="checkbox"/> Hanford <input type="checkbox"/> Lemoore	
I understand that personal injury can and may occur, and hereby authorize <b>The County of Kings Elections Department</b> , or another authorized person acting on behalf of the County of Kings Elections Department, to seek and consent to emergency medical attention as needed. I further agree to be liable for and to pay all costs incurred in connection with such medical attention. I hereby release <b>The County of Kings, its voting locations, its employees, agents and volunteers</b> , from any and all liability, claims, demands, causes of action, and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained while participating in this program. Photos, videos, audio, and other images in which I may appear that are taken during my work as a poll worker may be used by County of Kings Elections Department for news coverage, newsletters, reports, displays, and for other print, broadcast, web or electronic news or purposes. I agree to accept full responsibility, financially or otherwise, for any damage I may do to the property of the County of Kings Elections Department, properties visited while working as a poll worker, or other's personal property.	

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date