

Election Inspector Application

Oswego County

(Please PRINT clearly in ink)

Last Name

First Name

Middle

Address

City

Zip Code

Mailing Address (if different than above)

Home Telephone #

Cell Telephone #

What Political Party do you belong to: _____

Are you a Registered Voter?

YES

NO

Have you ever served as a Poll Worker?

YES

NO

If so, when and where: _____

**Poll Workers work on Election Day and must attend an annual training class and pass a certification exam.
The more flexible you are in what assignments you accept will improve your opportunity to work.**

Please list what geographical areas you are willing to work in: _____

Do you have transportation?

YES

NO

If not, how do you plan on getting to your polling place assignment? _____

Do you speak any other language in addition to English?

YES

NO

If so, please list: _____

Do you have a friend or relative that would like to be an Election Inspector? If yes, please have them fill out an application and mail to below.

YES

NO

Signature

Date

MAIL COMPLETED FORM TO:

Oswego County Board of Elections
185 East Seneca Street
Box 9
Oswego, N.Y. 13126