

The County of Guadalupe



Sue Basham

Elections Administrator/Voter Registrar

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**Poll Worker Application**

Name: \_\_\_\_\_ Voter Reg. No. \_\_\_\_\_ Pct. No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Have you ever worked as a Poll Worker in Guadalupe County? \_\_\_\_\_ Y \_\_\_\_\_ N

Do you speak any other languages fluently? \_\_\_\_\_ Y \_\_\_\_\_ N

If yes, please specify: \_\_\_\_\_

Do you own or have use of a vehicle? \_\_\_\_\_ Y \_\_\_\_\_ N

Are you a Guadalupe County employee? \_\_\_\_\_ Y \_\_\_\_\_ N

Would you accept an assignment at another precinct other than your own? \_\_\_\_\_ Y \_\_\_\_\_ N

Do you have prior experience as an election official from another jurisdiction? \_\_\_\_\_ Y \_\_\_\_\_ N

Are you familiar with the use of computers? \_\_\_\_\_ Y \_\_\_\_\_ N

If yes, at what level of knowledge on the use? \_\_\_ Poor / \_\_\_ Some / \_\_\_ Very / \_\_\_ Excellent

Do you have a political party affiliation? If so, please specify. (Necessary for Primary Elections) \_\_\_\_\_

Area of county you would be willing to work. \_\_\_\_\_

*Please check any positions you would be willing to work:*

- Judge                                       Alternate Judge                                       Clerk
- Early Voting Clerk                                       Central Count Clerk                                       Early Voting Ballot Board
- Election Day Rover                                       Equipment Delivery                                       Emergency Election Judge/Clerk

*Please check any elections you would be willing to work:*

- Primary Elections (March)
- Primary Run-Off Elections (April)
- General Elections / Constitutional Amendment Elections (November)
- Special Elections (Cities / Schools / Etc.)
  - May
  - November

*Please indicate any person who you know that might be willing to work in the polls:*

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**                                      **Date**

Would you like to receive a copy of our Newsletter by e-mail? \_\_\_\_\_ Yes      \_\_\_\_\_ No