



DALLAS COUNTY ELECTIONS DEPARTMENT

Poll Worker Information Form

Complete the information below for each worker from your party.

Position: Presiding Co-Judge		<input type="checkbox"/> Check here if this is a new worker	
Last Name:	First Name:	VUID #:	Date of Birth:
Residence Address (Street, Apt #):		City:	Zip Code:
Mailing Address, if different (Street, Apt #):		City:	Zip Code:
Phone Number: ____ - ____ - _____	Email	<input type="checkbox"/> Bilingual in Spanish <input type="checkbox"/> Bilingual in Vietnamese	<input type="checkbox"/> Check here if worker will attend training
Select appropriate position: <input type="checkbox"/> Clerk <input type="checkbox"/> Standby		<input type="checkbox"/> Check here if this is a new worker	
Last Name:	First Name:	VUID #:	Date of Birth:
Residence Address (Street, Apt #):		City:	Zip Code:
Mailing Address, if different (Street, Apt #):		City:	Zip Code:
Phone Number: ____ - ____ - _____	Email	<input type="checkbox"/> Bilingual in Spanish <input type="checkbox"/> Bilingual in Vietnamese	<input type="checkbox"/> Check here if worker will attend training
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Select appropriate position: <input type="checkbox"/> Clerk <input type="checkbox"/> Standby		<input type="checkbox"/> Check here if this is a new worker	
Last Name:	First Name:	VUID #:	Date of Birth:
Residence Address (Street, Apt #):		City:	Zip Code:
Mailing Address, if different (Street, Apt #):		City:	Zip Code:
Phone Number: ____ - ____ - _____	Email	<input type="checkbox"/> Bilingual in Spanish <input type="checkbox"/> Bilingual in Vietnamese	<input type="checkbox"/> Check here if worker will attend training



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Select appropriate position: Clerk Standby Check here if this is a new worker

Last Name:	First Name:	VUID #:	Date of Birth:
Residence Address (Street, Apt #):		City:	Zip Code:
Mailing Address, if different (Street, Apt #):		City:	Zip Code:
Phone Number: ____ - ____ - _____	Email	<input type="checkbox"/> Bilingual in Spanish <input type="checkbox"/> Bilingual in Vietnamese	<input type="checkbox"/> Check here if worker will attend training

Select appropriate position: Clerk Standby Check here if this is a new worker

Last Name:	First Name:	VUID #:	Date of Birth:
Residence Address (Street, Apt #):		City:	Zip Code:
Mailing Address, if different (Street, Apt #):		City:	Zip Code:
Phone Number: ____ - ____ - _____	Email	Bilingual in Spanish Bilingual in Vietnamese	Check here if worker will attend training

Select appropriate position: Clerk Standby Check here if this is a new worker

Last Name:	First Name:	VUID #:	Date of Birth:
Residence Address (Street, Apt #):		City:	Zip Code:
Mailing Address, if different (Street, Apt #):		City:	Zip Code:
Phone Number: ____ - ____ - _____	Email	<input type="checkbox"/> Bilingual in Spanish Bilingual in Vietnamese	<input type="checkbox"/> Check here if worker will attend training

Select appropriate position: Clerk Standby Check here if this is a new worker

Last Name:	First Name:	VUID #:	Date of Birth:
Residence Address (Street, Apt #):		City:	Zip Code:
Mailing Address, if different (Street, Apt #):		City:	Zip Code:
Phone Number: ____ - ____ - _____	Email	<input type="checkbox"/> Bilingual in Spanish Bilingual in Vietnamese	<input type="checkbox"/> Check here if worker will attend training