



APPLICATION TO WORK AT THE POLLS

REQUIREMENTS:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are you a registered voter in Rhode Island? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you able to read the Constitution of the state in English? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you able to write your own name? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "No" to any of the questions above, you cannot serve as a pollworker. See the application cover sheet for important information about other requirements and restrictions. Contact your local Board of Canvassers for additional information.

First Name	Middle Initial	Last Name
Residence Address	City/Town	Zip
Mailing Address (if different)	City/Town	Zip
Date of Birth (MM/DD/YYYY)	Phone Number	E-mail Address
OPTIONAL: Please check the position you are interested in: <input type="checkbox"/> Warden/Moderator (Overall responsibility of the poll) <input type="checkbox"/> Clerk (Accounts for all ballots and reports) <input type="checkbox"/> Supervisor (Responsible for voter sign-in) <input type="checkbox"/> Greeter (Directs voters to proper line or poll)		Have you ever worked the polls? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a government employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you fluent in the Spanish language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Available to work <small>Check all that apply</small> : <input type="checkbox"/> Primary <input type="checkbox"/> General Election		<input type="checkbox"/> Other language _____
I hereby swear and affirm that I have not been convicted, found guilty, pleaded guilty or nolo contendere, or placed on a deferred or suspended sentence, or on probation, for any crime which involves moral turpitude or which constitutes a violation of any of the election or caucus laws of this or any other state. I am not a candidate for public office in this election. I understand that my appointment as an election official may be dependent on me successfully passing a test based on material presented in a training class.		
Signature of Applicant		Date
DO NOT WRITE IN THIS SPACE (OFFICIAL USE ONLY)		
Party: D M R U		PW-1 3/2014

SUBMIT THIS FORM TO YOUR LOCAL BOARD OF CANVASSERS