

Marshall County Poll Worker Application

Contact Information- Please Print

| | |
|----------|---------------------------------------|
| Date: | |
| Name: | |
| DOB: | |
| Address: | |
| Email: | |
| Phone: | Home: _____ Cell: _____ |

Party Affiliation

| | | | | | |
|--------------------------|--|------------|--------------------------|--|------------|
| <input type="checkbox"/> |  | Democratic | <input type="checkbox"/> |  | Republican |
|--------------------------|--|------------|--------------------------|--|------------|

Preferences

- I am willing to work at any Vote Center in the county
- I am willing to work in a Vote Center located in my precinct
- Other:

- Inspector
- Judge
- Poll Clerk
- Election Assistant
- Any

Mail form to: Marshall County Clerk's Office, Voter Registration,
211 W. Madison St., Plymouth IN, 46563 574.935.8713
Email to: voter@co.marshall.in.us