



Election Worker Application

Please complete all information and return to:

By Mail: Office of the Town Clerk, Town Hall, 300 Main Street, Wellfleet, MA 02667;

By Fax: (508) 349-0317; or by E-mail as an attachment to joseph.powers@wellfleet-ma.gov

Name: _____

Residential Address: _____

Mailing Address: _____

Telephone Home # _____ Work # _____

E-Mail Address: _____ Cell # _____

Are you registered to vote in MA? Yes No

Have you ever served as an Election Worker? Yes No

If yes, for how long? _____ Where? _____ What role? _____

How did you hear about becoming an election worker? _____

I certify that the information given above is true and complete.

Signature

Office Use Only

Form received: _____

Approved: _____