



# Franklin County Poll Worker Application

## Franklin County Board of Elections and Registration

P.O. Box 313 / 7850 Royston Road • Carnesville, Georgia 30521

Phone: (706) 384.4390 • [www.franklincountyga.gov/elections-registrations/](http://www.franklincountyga.gov/elections-registrations/)

Email: [glk@franklincountyga.gov](mailto:glk@franklincountyga.gov)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell/alternative number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

Requirements to be a Poll Worker (check all that apply):

Be a citizen of the United States and a resident of Franklin County \_\_\_\_\_

Be at least 16 years of age: \_\_\_\_\_

Be able to read, write, and speak the English language: \_\_\_\_\_

You have not been convicted of a felony: \_\_\_\_\_

You do not hold public office and you are not a candidate: \_\_\_\_\_

Your immediate family member is not a candidate: \_\_\_\_\_

Be able to attend mandatory Poll Worker training and work on

Election Day: \_\_\_\_\_

Are you a registered voter in Franklin County: \_\_\_\_\_

Have you ever been a Poll Worker? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Are you willing to work at any of the 7 precincts in the county? \_\_\_\_\_

Are you familiar with personal computers/ipads? Yes No

Do you have reliable transportation? Yes No

Election Days are very long work days. Do you understand you will have to work at least a 14-hour day, on a Tuesday? Yes No

Please select all that you would be willing to work:

Election Day (Tuesday) Yes      No      Advanced/Early Voting (M-F): Yes      No  
Saturday Voting: Yes      No

**DISCLAIMER AND SIGNATURE**

**By your signature you are stating, "I am at least 16 years of age, able to read, write and speak the English language. I do not hold a public office, nor am I related to a candidate whose name will appear on the ballot. I am a United States citizen."**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only:

Date Received: \_\_\_\_\_ Training Date: \_\_\_\_\_ Precinct Assigned: \_\_\_\_\_

**EMERGENCY CONTACT FORM**

Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address/Physical Address \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

Relationship \_\_\_\_\_

Emergency Contact Name & Number #2 \_\_\_\_\_

Relationship \_\_\_\_\_

Allergies \_\_\_\_\_

**Please mail or deliver this application to Gina L. Kesler, Elections Supervisor, at the  
above address. Thank you for your interest in becoming a Poll Worker in Franklin County!**