



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/

Email: 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: _____

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| Office use only: Date Received: _____ Training Date: _____ Precinct Assigned: _____ |
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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!