



Please Print Legibly

## STANISLAUS COUNTY ON-LINE ADOPT-A-POLL VOLUNTEER APPLICATION

Please take this opportunity to schedule your organization's interest to work as an election board for future elections. This opportunity is subject to availability of poll locations. 1 Inspector and up to 4 Judges are required, including 1 Spanish-speaking volunteer. A 3-4 hour training class is required for each precinct member. All members are required to be registered voters in California. The maximum organization stipend per polling site is based upon one inspector (\$130) and up to four judges (\$95 each).

**NAME OF ORGANIZATION:**

**NAME OF CONTACT PERSON:**

**MAILING ADDRESS OF CONTACT PERSON:**

**PHONE NUMBER(S) OF CONTACT PERSON:**

**EMAIL ADDRESS OF CONTACT PERSON:**

<b>YES</b>	<b>NO</b>	<b>PLEASE CHECK ALL THAT APPLY <input checked="" type="checkbox"/></b>
<input type="checkbox"/>	<input type="checkbox"/>	Our organization is available to work future elections.
<input type="checkbox"/>	<input type="checkbox"/>	Our organization is interested in adopting more than one polling site.
<input type="checkbox"/>	<input type="checkbox"/>	Our organization no longer wishes to serve as an election board.

### NAMES OF INDIVIDUALS SERVING AS ELECTION OFFICERS

Please indicate Inspector (Insp.) or Judge and all Spanish-speaking volunteers. Continue listing names on reverse.

NAME	STREET ADDRESS	MAILING ADDRESS / CITY / ZIP	PHONE
1.			Insp. Judge Spanish <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.			Insp. Judge Spanish <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.			Insp. Judge Spanish <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4.			Insp. Judge Spanish <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>QUESTIONS:</b> Contact Election Officer Coordinators at: 209-525-5248	<b>RETURN THIS:</b> <b>FORM VIA MAIL:</b> Elections Office Attn: Election Officer Program 1021 "I" Street, Suite 101 Modesto, CA 95354	<b>Or RETURN</b> <b>VIA FAX:</b> 209-525-5802
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Last minute replacements are difficult to find, so we ask that you please apply only if your organization is serious about serving.

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**NAME OF ORGANIZATION:**

NAME	STREET ADDRESS	MAILING ADDRESS / CITY / ZIP	PHONE
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5.				Insp.	Judge	Spanish
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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6.				Insp.	Judge	Spanish
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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7.				Insp.	Judge	Spanish
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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8.				Insp.	Judge	Spanish
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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9.				Insp.	Judge	Spanish
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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10.				Insp.	Judge	Spanish
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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11.				Insp.	Judge	Spanish
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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12.				Insp.	Judge	Spanish
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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13.				Insp.	Judge	Spanish
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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14.				Insp.	Judge	Spanish
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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