


Democratic Poll Worker Nomination Form – 2020 General Election

Submit to Marion County Election Board
200 East Washington Street, W-144
Indianapolis, IN 46204

Phone: (317) 327-5100
FAX: (317) 327-4815
Scan & email: workers@elections.indy.gov

Use this form to nominate poll workers for the November 3, 2020 General Election. **Please submit by October 1, 2020.**
The Election Board, in consultation with the Marion County Democratic Party will confirm appointments.

| | |
|--|---|
| <p>Each person nominated <u>must</u>:</p> <ul style="list-style-type: none">• Be a registered voter in MARION County• Give their name (no nicknames) and address as it appears at Voter Registration• Show a Democratic vote in most recent Primary, if they have voted in a Primary Election• May not be related to a candidate on the ballot anywhere in Marion County <p>Pay:</p> <ul style="list-style-type: none">• Inspector: \$200 pay (\$150 election day, \$50 training and supply pick-up)• Poll Worker: full day \$100 (\$80 election day, \$20 training)• Poll Worker: half day \$60 (\$40 election day, \$20 training) |  |
|--|---|

Preferred Vote Center: _____

Inspector Information

Full Name: _____ DOB: / / _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ City/ZIP: _____

Recent move or name change? Provide old info: _____

Poll Worker 1

Full Name: _____ DOB: / / _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ City/ZIP: _____

Recent move or name change? Provide old info: _____ Full Day Half Day

Poll Worker 2

Full Name: _____ DOB: / / _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ City/ZIP: _____

Recent move or name change? Provide old info: _____ Full Day Half Day

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2nd SHIFT POSITIONS

Poll Worker 1

| | |
|---|---|
| Full Name: | DOB: / / |
| Email Address: | |
| Home Phone: | Cell Phone: |
| Home Address: | City/ZIP: |
| Recent move or name change? Provide old info: | <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day |

Poll Worker 2

| | |
|---|---|
| Full Name: | DOB: / / |
| Email Address: | |
| Home Phone: | Cell Phone: |
| Home Address: | City/ZIP: |
| Recent move or name change? Provide old info: | <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day |

Precinct Committeeperson or Ward Chair Information

| | |
|---------------------------|-------------------|
| Precinct Committeeperson: | Date: / / |
| Email Address: | |
| Home Phone: | Cell Phone: |
| Home Address: | City/ZIP: |
| Ward Chair: | Ward or Precinct: |

Please provide additional information about your poll workers, such as physical limitations, transportation restrictions, etc.:

Please submit by October 1st, 2020.

If you cannot make this deadline, notify the Marion County Election Board Office.