



POLL WORKER APPLICATION

Name: _____
Last First Middle

Address: _____
Street Apt. #

City Zip

Phone (_____) _____ - _____

Date of Birth _____ / _____ / _____

Date _____ / _____ / _____

Please mail this form to:

Mark F. Negley
(DeSoto County Supervisor of Elections)

201 East Oak Street
Suite 104 (34266) or P.O. Box 89
Arcadia, Florida 34266 Arcadia, Florida 34265