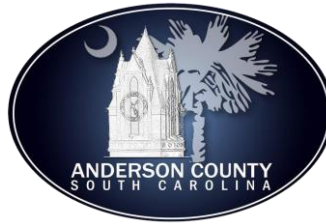


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Board of Voter Registration and Elections of Anderson County

PHONE: (864) 260-4035
FAX: (864) 260-4203
www.andersoncountysc.org/vote

Anderson County Election Worker Application

Voter's Full Name _____

Home Address _____

City/State/Zip Code _____

Phone Number _____

Email Address _____

Mailing Address (if different from home address)

Care of/PO Box/Address _____

City/State/Zip Code _____

You must provide your birth date: _____ / _____ / _____ (month) (day) (year)

You must provide one of the following:

Voter Registration Number _____

The last four digits of your social security number _____

I have read all the requirements and understand that by submitting this application that I am volunteering to be an election worker for Elections held in Anderson County and understand that I will be contacted by the Precinct Coordinator periodically to inquire about availability for training and working on election day(s). Furthermore, I give permission to be contacted for such by phone, email, and/or mail.

Thank you for your interest. Without you, democracy suffers. You help give people a voice through Elections.

Please complete and return by email to abcooley@andersoncountysc.org

EVERY VOTE MATTERS.
EVERY VOTE COUNTS.