



POLK COUNTY BOARD OF ELECTIONS & REGISTRATION VOLUNTEER CONTACT INFORMATION SHEET

PRECINCT: _____ (OFFICE USE)

NAME: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: (HOME) _____
(CELL) _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT:

NAME: _____

PHONE: _____

I understand that this is a *voluntary position*, and no monetary compensation will be given at the conclusion of the Election. Furthermore, I understand all hours worked are eligible to be documented as community service hours upon my request.

SIGNATURE: _____