



ELECTION WORKER APPLICATION

First Name:

Last Name:

Primary Phone Number: _____

Secondary Phone Number:

Email Address:

Address

Street:

City:

Province:

Postal Code:

I am at least 18 years old.

I am a Canadian Citizen

Check the box beside each position in which you are interested. (Please note: the position(s) you are interested in may not be available and you may be required for another position).

Deputy Returning Officer

Poll Clerk

Registration

Door Guard

Sanitizer

Privacy Notice

Collection of person information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of certifying a Candidate. Questions about the collection and use of the information may be directed to the Returning Officer, elections@cornerbrook.com

Please send completed form to

Contact Information
City Hall
PO Box 1080
Corner Brook, NL A2H 6E1

For further information:
Phone: 709-637-1568
Email: elections@cornerbrook.com