



ともに聖火をかかげましょう!!!

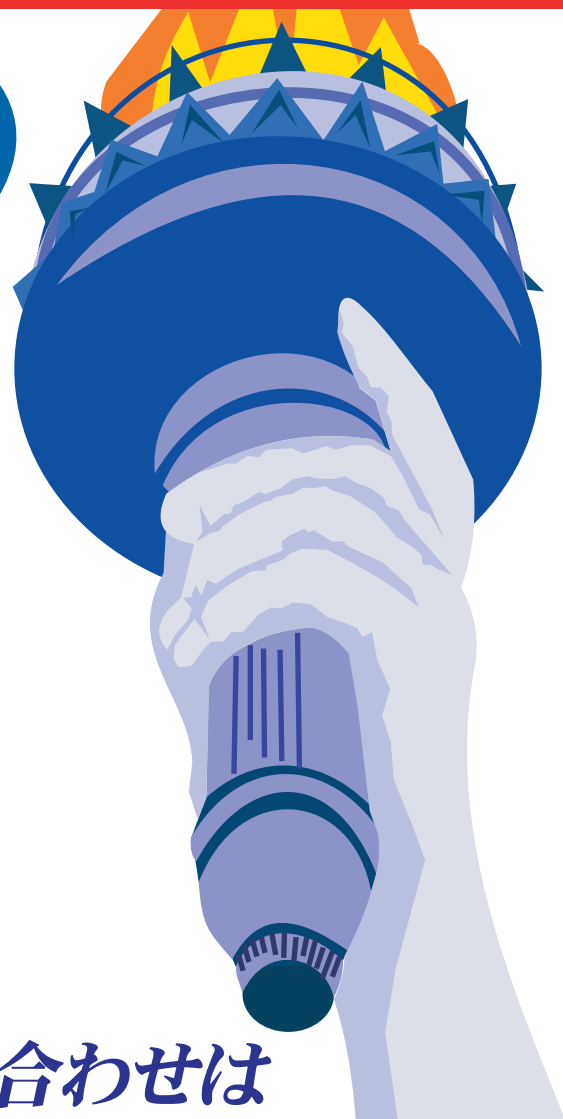
近所の投票所の
係員になるには

条件:

- 18歳以上
- 米国市民
- 登録有権者
- 英語の理解、読解、会話

報酬:

- 検査官\$100
- 事務員\$80
- 研修受講手当て \$25



関心がありますか? お問い合わせは

(800)815-2666 オプション7

-または-

このチラシの裏面の申込書に記入して、次の宛先まで郵送してください。

L.A. County REGISTRAR-RECORDER/COUNTY CLERK
12400 E. Imperial Highway
Polls & Officers Section Room 6211
Norwalk, CA 90650

- またはファックスあるいはウェブページをご利用ください -
ファックス(562)462-3410 または 3031 ウェブページ: www.lavote.net

POLLWORKER AND INTERPRETER APPLICATION

(Please be sure to read reverse side before filling out application)

- Mr.
- Mrs.
- Miss

(PLEASE PRINT CLEARLY)

1. **First Name** _____ **Last Name** _____ **Middle Name** _____

2. A.K.A. (Also Known As) _____
(First Name) (Last Name)

3. Address _____
(Street Number) (Street Name) (Street, Avenue, Drive) (Apartment No.)

4. City _____ Zip Code _____

5. Hm. #(_____) _____ Wk. #(_____) _____ Other #(_____) _____ Pager Cell

6. Date of Birth: ____ / ____ / ____.

7. Are you: a *Senior* High School Student _____ a College Student _____ Employed by the County _____ Other _____

8. Are you a candidate for the upcoming election?..... YES NO

9. Are you a United States Citizen YES NO

10. Are you a Registered Voter in the County of Los Angeles YES NO

11. Are you a Permanent Legal Resident of the United States YES NO

12. I want to work in my precinct only YES NO

13. I would be willing to travel to another precinct YES NO

14. I have my own transportation YES NO

15. I can speak a language other than English (***Circle language below***) YES NO

- | | | | | |
|------------------------|-----------|-----------|----------|------------|
| Armenian | Cambodian | Cantonese | Japanese | Korean |
| Mandarin | Russian | Spanish | Tagalog | Vietnamese |
| Other (specify): _____ | | | | |

16. Do you use a computer PC at home or work? YES NO

FOR OFFICE USE ONLY

ML Rep: _____ **Date:** _____ **Event:** _____

Location: _____

VID: _____ **NEW Affidavit #** _____

Home Pct. # _____ **SUP** _____ **Assigned Pct #** _____

Oral-E: 1 _____ 2 _____ 3 _____ **NW** _____ **By:** _____

Oral-O: 1 _____ 2 _____ 3 _____ **NW** _____ **By:** _____

PW _____ **INTERPRETER** _____ **ML RESERVIST** _____ **ML INTERPRETER** _____ **Split** _____

Cnty _____ **Private** _____ **CS** _____ **Senior HSS** _____ **Where/Location** _____