



BASTROP COUNTY HUMAN RESOURCES

ELECTION VOLUNTEER INFORMATION FORM

INDIVIDUAL INFORMATION

Name: _____ **Date:** _____

ADDRESS INFORMATION

Address: _____

City, State, Zip: _____, _____, _____ **County:** _____

CONTACT INFORMATION

Work Email: _____ **Personal Email:** _____

Home Phone (_____) _____ - _____

Work Phone (_____) _____ - _____

EMERGENCY CONTACT (Person to be contacted in the case of an emergency)

Name: _____ **Relationship:** _____ **Phone** (_____) _____

Election Worker Signature: _____ **Date:** ____/____/____