



GRADY COUNTY 2025 POLL WORKER INFORMATION SHEET

NAME _____

ADDRESS _____

*MUST BE A RESIDENT OF GRADY COUNTY TO WORK AS POLL WORKER IN GRADY COUNTY

SSN (Last 4) _____ DATE OF BIRTH _____

PHONE _____ ALTERNATE PHONE _____

EMAIL ADDRESS _____

PRECINCT or DESIRED PRECINCT _____

ARE YOU WILLING TO WORK AT ANY LOCATION WHERE NEEDED? _____

ARE YOU A UNITED STATES VETERAN? _____ BRANCH _____

ARE YOU A STUDENT? _____ SCHOOL/GRADE _____

HOW LONG HAVE YOU BEEN A POLL WORKER FOR GRADY COUNTY? _____

ARE YOU INTERESTED IN BECOMING A MANAGER OF A PRECINCT? _____

SIGNATURE _____ DATE _____

***Drop off at Elections Office or email to:**

Jason.Tate@gradycountyga.gov or
Malinda.butler@gradycountyga.gov

AS ALWAYS, THANK YOU FOR YOUR SERVICE!