

Please Complete the Application below in full and return to Melody Goggin.

Return By Fax to – (843) 719-4060

Return By Email to – Mgoggin@berkeleycountysc.gov

Return by Mail to – Berkeley County Board of Elections and Voter Registration

Attn: Melody Goggin

PO Box 6122

Moncks Corner, SC 29461

Thank you and if you have any questions please contact Melody Goggin, (843) 719-4058

**POLL WORKER APPLICATION
BERKELEY COUNTY GOVERNMENT
ELECTIONS AND VOTER REGISTRATION**

POB 6122, 6 BELT DR
MONCKS CORNER SC 29461

BERKELEY COUNTY'S POLICY IS TO COMPLY WITH ALL LAWS INCLUDING THOSE BANNING DISCRIMINATION. APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE OR DISABILITY.

PLEASE TYPE OR PRINT ALL ANSWERS IN INK

PERSONAL DATA

NAME: _____ S.S. # _____
(Last) (First) (Middle)

List any other name by which you have been known: _____

ADDRESS: _____
(Street)

(City/Town) (County) (State) (Zip Code)

PHONE NUMBERS: Home: (____) _____ Email address _____

Cell: (____) _____ Pager: (____) _____ Marital Status: _____

Are you currently employed by Berkeley County Government? Yes _____ No _____

Have you ever been a Berkeley County Government Employee? Yes _____ No _____

Are you currently or have you ever been a member of the South Carolina Retirement System or Police Officers Retirement System? Yes _____ No _____ If yes, indicate the name(s) of your former or current employer(s): _____

Are you currently receiving a monthly check from South Carolina Retirement Systems? Yes _____ No _____ Are you a SC Notary? Yes _____ No _____

Are you a registered voter? Yes _____ No _____

County registered in: _____ Precinct registered in: _____

Voter registration number: _____

Have you ever attended a poll worker training? Yes _____ No _____

Where: _____ When: _____

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge.

Signature _____

Date _____