

Adopt-A-Precinct Worker Enrollment Form



Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Organization or Group: _____

Hernando County Supervisor of Elections Disclaimer Agreement

I understand and agree that, if I am injured, it is my responsibility to seek assistance from my Precinct Clerk. I further understand and agree that I will not hold Hernando County or the Supervisor of Elections office responsible.

Volunteer Signature: _____ Date: _____

Emergency Contacts

Name: _____ Phone: _____ Relationship: _____

Organization Member/Rep. Contact Name: _____ Phone: _____

Hernando County Drug-Free Policy and Oath

The Hernando County Drug-Free Workplace Policy is in direct compliance with the Drug-Free Act of 1989. Concerned for the health and well-being of Hernando County employees and/or volunteers, this Policy declares all Supervisor of Elections work locations as drug-free work places. This Policy addresses legal and illegal use of drugs, conditions for violations, penalties and repercussions as well as the availability of rehabilitation services. The purpose of this oath is to insure that, as a Supervisor of Elections employee or volunteer, you are aware of the Hernando County Drug-Free Workplace Statement Policy and that the Hernando County Drug-Free Policy has been explained to you by a Supervisor of Elections staff member during training or orientation.

As volunteer of the Supervisor of Elections, I _____, agree to abide by this policy and I fully understand the penalties/repercussions of violating this policy.

Volunteer Signature: _____ Date: _____