

WASHINGTON COUNTY HUMAN RESOURCES ELECTION VOLUNTEER INFORMATION FORM

EMPLOYEE NAME _____

SOCIAL SECURITY NO. _____ BIRTHDATE _____

GENDER (circle one) Male Female

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE NO. _____ CELL PHONE NO. _____

EMAIL ADDRESS _____

EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE NO. _____ CELL PHONE NO. _____

The Public Information Act allows employees, public officials and former employees and officials to elect whether to keep certain information about them confidential. Unless you choose to keep it confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act. Therefore, please indicate whether you wish to allow public release of the following information. Texas Government Code Section 552.024 (a)-(b)

	Public Access?	
	YES	NO
Home Address		
Home Telephone Number		
Social Security Number		
Emergency Contact Information		
Information that reveals whether you have family members		

Signature Date