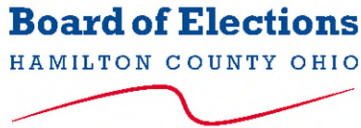


Alexander F. Linser, Chair  
Alex M. Triantafilou  
Charles H. Gerhardt III  
Joseph L. Mallory  
  
Sherry L. Poland, Director  
Raquel D. Burgos, Deputy Director



4700 Smith Road  
Cincinnati, OH 45212  
Main Office Number 513 946-8500  
Fax 513 946-8560 or 513-946-8565  
[VoteHamiltonCountyOhio.gov](http://VoteHamiltonCountyOhio.gov)

## DeVoted to Service

A Hamilton County Board of Elections partnership program with nonprofit organizations

Thank you for your interest in participating in the **DEVOTED TO SERVICE** program, a partnership between the Hamilton County Board of Elections (Board) and local nonprofit organizations to recruit poll workers and raise money through service on Election Day.

Through the program, volunteers and patrons that sign up to work at a polling location this November will donate their Election Day pay to a qualifying organization as a charitable contribution. The base pay for a poll worker in Hamilton County is \$225.00 for each election worked; 5 poll workers could raise \$1,125.00 for their organization!

Who can join? To qualify to work the polls, interested participants must:

- Be a registered voter in Hamilton County
- Be a United States citizen
- Be able to speak, read, and write fluently in the English language
- Be comfortable using electronic technology
- NOT be a candidate for any office to be voted on at the polling place at that election
- NOT be a convicted felon

Interested organizations, or those receiving donated pay, **must be registered as a Hamilton County Vendor**. This informational packet contains:

1. Organizational Enrollment form – provides the Board with contact information on your organization
2. Payment Designation form – affirms the poll worker is donating their pay to a qualifying organization
3. Vendor Registration form – for nonprofit organizations not yet Hamilton County vendors
4. Signup sheet for volunteers who pledge to participate

Please call or email if you have any questions about the program. We are looking forward to a successful partnership with your nonprofit organization!

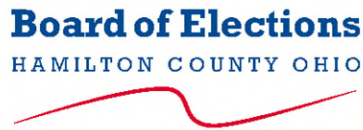
A handwritten signature in blue ink, reading "Sherry Poland".

Sherry Poland, Director

A handwritten signature in blue ink, reading "Raquel D. Burgos".

Raquel Burgos, Deputy Director

Alexander F. Linser, Chair  
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## DeVoted to Service

### Organization Enrollment Form

#### **Organization Name Here:**

Contact Person:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contact Person 2:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

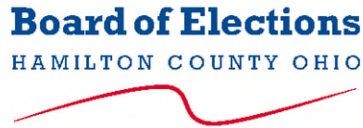
\_\_\_\_\_ (organization name) agrees to participate in the recruitment of its volunteers to work as poll workers for the Hamilton County Board of Elections. These volunteers agree to donate their Election Day pay to \_\_\_\_\_ (organization name).

Each volunteer who signs up is required to:

- Attend a poll worker training class
- Go to the Monday Night set-up at their assigned polling location from 6:30 pm – 8:30 pm
- Work on Tuesday's Election Day from 5:30 am until about 8:45 pm
- Complete a Payment Designation Form (next page) authorizing the Board of Elections to pay your organization directly for their service

**If you have any questions, please contact Kyle Dallman: 513-946-8505, [kyle.dallman@boe.hamiltoncountyohio.gov](mailto:kyle.dallman@boe.hamiltoncountyohio.gov), or Olivia Jacob: 513-946-8504, [olivia.jacob@boe.hamiltoncountyohio.gov](mailto:olivia.jacob@boe.hamiltoncountyohio.gov), thank you!**

Alexander F. Linser, Chair  
Alex M. Triantafilou  
Charles H. Gerhardt III  
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## DeVoted to Service

### Payment Designation Form

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Requirements:

- Registered to vote in Hamilton County, or at least 17 years old **and** a high school student
- Be a United States citizen
- Be able to speak, read, and write fluently in the English language
- Be comfortable using electronic technology
- NOT be a candidate for any office to be voted on at the polling place at that election
- NOT be a convicted felon

#### Participation includes:

- Attending a 4-hour training session (many dates and times offered)
- Monday Night set-up the day before the election from 6:30 pm – 8:30 pm
- Working on Tuesday, Election Day from 5:30 am – about 8:45 pm
- Earn \$225.00 base pay for attending Training, Monday Night set-up, and Tuesday Election Day

I hereby designate my Election Day poll worker pay from the Hamilton County Board of Elections to be paid directly to: \_\_\_\_\_. I understand that I will not receive any individual compensation for working as a poll worker.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

VENDOR NUMBER \_\_\_\_\_  
(County use only)



*Jessica E. Miranda*  
**HAMILTON COUNTY AUDITOR**  
138 E. Court St., Cincinnati, OH 45202  
www.hcauditor.org

**VENDOR REGISTRATION FORM (Substitute Form W-9)**

PLEASE SUBMIT THIS FORM TO THE AGENCY WITH WHICH YOU DO BUSINESS

VENDOR INFORMATION - PLEASE PRINT

Company Name: _____	Individual's Name: _____
Taxpayer ID: FEIN: _____	SSN: _____

**Mailing Address**

(Street/P.O. Box, City, State & Zip): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Remittance Address**

(Street/P.O. Box, City, State & Zip): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Business: ☐ Agency ☐ Corporation ☐ Employee ☐ Federal Agency  
☐ State Agency ☐ Local Government ☐ Partnership ☐ Proprietorship  
☐ Self  
☐ Other – Please Explain: \_\_\_\_\_  
☐ Independent Contractor – OPERS Reportable Job Title: \_\_\_\_\_

Small Business? ☐ Yes ☐ No

I hereby certify that the information supplied herein is true and correct and I am a U.S. person (including a U.S. resident alien).

Signature of person filling out this form \_\_\_\_\_

Date \_\_\_\_\_

**FOR COUNTY USE ONLY**

This Vendor should be added to Hamilton County's list of authorized vendors.

Authorized Signature \_\_\_\_\_

Department Number \_\_\_\_\_

Date \_\_\_\_\_