

## MARK CHURCH CHIEF ELECTIONS OFFICER & ASSESSOR-COUNTY CLERK-RECORDER

## Vote Center Volunteer Application November 5, 2024 Presidential General Election

We need energetic and dedicated people to serve their community on Election Day. Do you have what it takes to serve on democracy's front line? Then sign-up to be a Vote Center Volunteer!

- Vote Center Volunteers (VCVs) arrive at the Vote Centers at 6:30 a.m. to set up, and the day generally lasts until 9:00 p.m. During the day you will receive two (2) one-hour breaks.
- VCVs will greet voters, distribute election materials and voter check in forms, direct voters, and conduct line management.
- VCVs earn \$280 for volunteering on Election Day and for attending one training class.
- Personal Protective Equipment, including gloves, and hand sanitizer will be provided to Vote Center Volunteers.

Mail the application below to **Vote Center Unit**, **40 Tower Road**, **San Mateo**, **CA 94402** or by email to **VoteCenters@smcacre.gov**.

Please include a completed **W-4 form** and **copy** of your **Social Security Card** with your application.

Applicant Information Please print in legible, capital letters

Full Name	Date of Birth						
Residence Street Address (No PO Boxes)							
City	Zip Code						
Email	Primary Telephone						
I would be interested in working additional shifts (\$130 per extra shift)	Secondary Telephone						
☐ Saturday 11/2 ☐ Sunday 11/3 ☐ Monday 11/4							
Highest Level of Education Present or Pr	revious Occupation						
☐ is ☐ was	:						
Languages Spoken in Addition to English							
☐ Chinese ☐ Spanish ☐ Filipino ☐ Other							
I hereby apply to work as a Vote Center Volunteer for the County of San Mateo:							
I am a registered California voter or permanent resident of the United States	s. Yes No						
I am fluent in the English language.	☐ Yes ☐ No						
I understand it is a long day and I am able to do the work required.							
Applicant Signature	Date						
List All Cities & Locations You Are Willing to Work:							

## **Employee's Withholding Certificate**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer.

OMB No. 1545-0074

Department of the Treas						<u> </u>		
Internal Revenue Se			g is subject to review by the IF	15.		:-1		
Step 1:	(a) F	irst name and middle initial	Last name		(D) S	ocial security number		
Enter Personal Information	City or town, state, and ZIP code				name card? credit	Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213		
						to www.ssa.gov.		
	(c)							
		Married filing jointly or Qualifying surviving spouse						
		Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)						
		4 ONLY if they apply to you; otherwis m withholding, and when to use the est			n on e	ach step, who can		
Step 2: Multiple Job	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.							
or Spouse		Do <b>only one</b> of the following.						
Works	(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or							
		(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or						
	(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate							
		<b>4(b) on Form W-4 for only ONE of the</b> you complete Steps 3–4(b) on the Form			s. (Yo	ur withholding will		
Step 3:		If your total income will be \$200,000 c	or less (\$400,000 or less if ma	arried filing jointly):				
Claim		Multiply the number of qualifying o	-					
Dependent and Other		Multiply the number of other depe	-					
Credits	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here					\$		
Step 4 (optional): Other		(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income				) \$		
Adjustments	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here					) \$		
		(c) Extra withholding. Enter any additional contents of the co	tional tax you want withheld e	each <b>pay period</b>	4(c	) \$		
Step 5: Sign Here	Unde	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.						
	Employee's signature (This form is not valid unless you sign it.)  Date				te			
Employers Only	Employer's name and address  First date of employment			Employer identification number (EIN)				
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