



Clark County Election Department
Lorena S. Portillo
Registrar of Voters

**FIELD REGISTRAR
APPLICATION**

Name (print): _____ NV ID No.: _____

Residential Address: _____ City & Zip: _____

Mailing Address: _____ City & Zip: _____

E-Mail Address: _____ Fax #: _____

Place of Employment: _____ Dept: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Pager #: _____ Message #: _____

Please list any civic groups or organizations you are affiliated with: _____

Are you bilingual? Yes No Languages? _____

The above information provided is true and correct to the best of my knowledge.

(Field Registrar Signature)

(Date)

Upon qualification as a Field Registrar:

- Yes**, I authorize the Election Department to release my name and telephone number to organizations who may be requesting a list for the purpose of voter registration.
- No**, do not release my name and telephone number to anyone. I prefer to be contacted only by the Election Department for the purpose of registering voters.