

Poll Worker Application

1. _____
First Name *Middle* *Last Name*

2. _____
Address *City* *Zip Code*

3. _____
Mailing Adress (If different than above)

4. _____
Home Telephone # *Cell Phone #*

5. _____
Social Security Number (Mandatory)

6. Are you a Registered Voter? Yes No

7. Have you ever served as an Election Board Worker? Yes No

8. Would you accept assignment to another town in your county? Yes No
(if you checked yes, please list below what town(s) you prefer)

9. State the Political Party to which you belong? _____

10. Do you speak any other language in addition to English? Yes No
If so what language(s)?

Signature

Date

Please mail or fax completed form to your county Board of Elections.

The listing of the Board of Elections can be found on the Division of Elections website at:

<http://www.nj.gov/state/elections/voting-information-local-officials.html>