

Poll Worker Application

(Please print clearly in ink)

1. _____
First Name Middle Last Name

2. _____
Address City Zip Code

3. _____
Mailing Address (If different than above)

4. _____
Home Telephone # Cell Phone #

5. _____
Social Security # (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:

Somerset County Board of Elections

Administration Building
20 Grove Street
P.O. Box 3000
Somerville, NJ 08876

Tel: 908 231-7084

Fax: 908 231-9465