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. Are you a Registered Voter? ☐ Yes ☐ No

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

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

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

9. 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:

Gloucester County Board of Elections
P.O. Box 352
Woodbury, NJ 08096
Tel: 856-384-4500
Fax: 856-251-1647