

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 #*

) . Are you a Registered Voter? Yes No

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

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

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

- . 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