

Poll Worker Application

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

2. _____
Address *City* *Zip Code*

3. _____
Mailing Address (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?
If so what language(s)?

☐ Yes

☐ No

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