

# 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?  
*(if you checked yes, please list below what town(s) you prefer)*  Yes  No

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