

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?
(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?
If so what language(s)? Yes No

Signature

Date

Please mail or fax completed form to:

Salem County Board of Elections
94 Market Street
Salem, NJ 08079
Tel: 856 935-7510 ext 8330
Fax: 856 935-6725