

Board 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. _____
Email Address

7. Are you a Registered Voter? Yes No

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

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

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

11. 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 your county Board of Elections.
The listing of the Board of Elections can be found on the Division of Elections website at:
<http://www.nj.gov/state/elections/voting-information-local-officials.html>