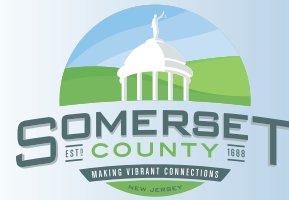




SOMERSET COUNTY BOARD OF ELECTIONS

P.O. Box 3000, 20 Grove Street
Somerville, NJ 08876-1262

Phone: (908) 231-7086 • (908) 231-7089 • Fax (908) 231-9465



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) Email Address

6. Are you a Registered Voter? Yes No

7. Have you ever served as a Poll Worker? Yes No

If yes, which party? Rep. Dem. Undeclared

8. Would you accept assignment to another town in our county? Yes No

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? Yes No

If you checked yes, what language(s)?

Signature

Date

Please mail or fax this completed form to the address above.

Note: Candidates for any elected office CANNOT serve as Poll Workers.
****** COUNTY EMPLOYEES CANNOT SERVE AS POLL WORKERS. ******