

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. _____
Date of Birth

6. _____
E-mail

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)

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

12. Are you currently a Morris County Employee? Yes No

13. Comments: _____

Signature

Date

Please mail or fax completed form to:

Morris County Board of Elections
10 Court Street, 2nd Floor
P.O. Box 900
Morristown, NJ 07960
Tel: 973 285-6715
Fax: 973 285-5208