

# 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. \_\_\_\_\_ 6. \_\_\_\_\_  
Social Security # (Mandatory) Date of Birth 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)

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

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

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