

**MONMOUTH COUNTY  
POLL WORKER APPLICATION**

Please Print Clearly In Ink

Name: \_\_\_\_\_  
First Name                      Middle                      Last Name

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a Registered Voter?  Yes  No  
(You must be a registered voter to be an Election Board Worker)

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

Would you accept an assignment to a town other than your own?  Yes  No

If so, which towns? \_\_\_\_\_

Which Political Party do you belong to?

DEMOCRAT  REPUBLICAN  UNAFFILIATED

Do you speak any other language in addition to English?  Yes  No

Please mail or fax completed form to:

**MONMOUTH COUNTY BOARD OF ELECTIONS  
300 HALLS MILL ROAD  
FREEHOLD, NJ 07728**

Phone: 732-431-7802, Ext. 7804, 7801  
Fax: 732-303-7648