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 registered to vote in Monmouth County? ☐ 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 you belong to?

☐ DEMOCRAT ☐ REPUBLICAN ☐ UNAFFILIATED

Please mail or fax completed form to:

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

Phone: 732-431-7802
Fax: 732-303-7648
bscott@co.monmouth.nj.us