

# 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)

6. Are you a Registered Voter?  Yes  No

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

8. Would you accept assignment to another town in your 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 so what language(s)?

\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

Please mail or fax completed form to:

**Cape May County Board of Elections**  
10-12 Mechanic Street  
P.O. Box 5000  
Cape May Court House, NJ 08210  
Tel: 609 465-1050  
**Fax: 609 465-1639**