

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. **Mandatory** Email Address: _____

6. Are you a "Registered" Voter? Yes No

7. Have you ever served as an Election Poll 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 fax or email completed form to:

Amy Antonides, Municipal Clerk
Email: aantonides@southplainfieldnj.com
Fax: 908-561-9664

- Copy sent to Republican Party Chair
- Copy sent to Democratic Party Chair
- Copy sent to County Board of Elections