

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

6. Have you ever served as an Election Poll Worker?  Yes  No

7. Would you accept assignment to another town in your county?  Yes  No  
(If you checked yes, please list below what town(s) you prefer)

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

8. State the Political Party to which you belong: \_\_\_\_\_

9. 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](mailto:aantonides@southplainfieldnj.com)**  
**Fax: 908-561-9664**

- Copy sent to Republican Party Chair  
 Copy sent to Democratic Party Chair