



UNION COUNTY BOARD OF ELECTIONS

271 North Broad Street * Elizabeth, NJ 07208
908-527-4120 * 908-527-4236* 908-558-2670 * pollworker@ucnj.org

DISTRICT BOARD MEMBER APPLICATION FOR APPOINTMENT

1. _____
First Name Middle Last Name

2. _____
Mailing Address City State Zip

3. () - () -
Home Phone (Must Provide At Least One Number) Cell Number

4. _____
Address You Are Registered To Vote At If Different From Above

5. - -
Social Security Number

6. Email Address: _____

7. Are you a registered voter? Yes _____ No _____

8. Do you speak English fluently? Yes _____ No _____

9. Do you speak Spanish fluently? Yes _____ No _____

10. Would you like to receive an absentee ballot when working the polls? Yes _____ No _____

11. Do you have use of an automobile? Yes _____ No _____

12. Would you accept assignment to a town other than your own? Yes _____ No _____

If yes, please indicate which towns. _____

The applicant possesses the following qualifications: eyesight, with or without correction, sufficient to read nonpareil type; ability to read the English language readily; ability to add and subtract figures correctly; ability to write legibly with reasonable facility; reasonable knowledge of the duties to be performed by the applicant as an election officer under the election laws of this state; and health sufficient to discharge his or her duties as an election officer. N.J.S.A 19:6-2b.

Signature

Date