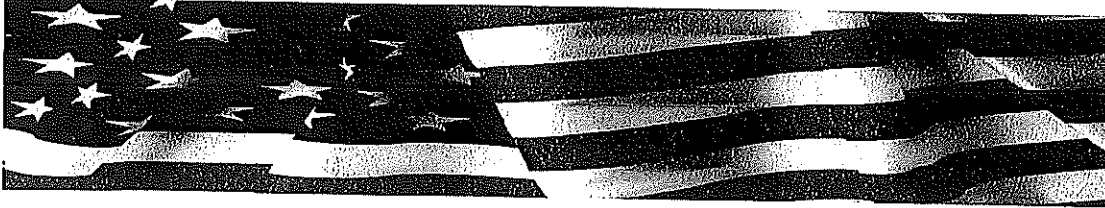


FOR OFFICE USE ONLY

Registration # _____ Staff Initials _____

Ward _____ District _____ Party _____

___ In person
___ By mail
___ By Fax



Board Worker Application

Name _____ Date of Birth _____

Social Security Number (mandatory) _____

Address _____

City _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Email Address _____

Are you registered to vote? _____ Are you fluent in both English & Spanish? _____

Would you accept assignment to another town in Passaic County? _____
(if yes, please list below what town (s) you prefer?)

YOU CANNOT WORK IF YOU HAVE NOT ATTENDED MANDATORY TRAINING

Signature _____ Date _____

Please complete and return to:

PASSAIC COUNTY BOARD OF ELECTIONS

401 Grand Street Room 123

Paterson, NJ 07505

973-881-4527 or 973-881-4528

Fax 973-523-9121