



## OFFICE OF TOWNSHIP CLERK

1 Municipal Plaza, Room 107 Monroe Township, New Jersey, 08831 (732) 656-4573

## **POLL WORKER APPLICATION**

First Name:	Last Name:
Mailing Address (street, city, zip):	
Date of Birth (month, day, year):	
Home Phone:	Cellphone:
Email Address:	
Are you a registered voter in Middle	esex County? Yes No
Have you ever served as a Poll Wor	ker? Yes No
Which political party are you affiliate	ed with? Democrat Republican Other
Other than English, do you <i>fluently</i> sp	peak any other language(s)?
SPANISH GUJARATI	
CANTONESE OTHER:	

Please complete <u>ALL</u> of the information above and MAIL to the Monroe Township Clerk's Office,

1 Municipal Plaza, Room 107, Monroe Township, N.J. 08831

Or email to crobbins@monroetwp.com