



UNION COUNTY BOARD OF ELECTIONS

271 North Broad Street * Elizabeth, NJ 07208

908-527-4120 * 908-527-4236

DISTRICT BOARD MEMBER APPLICATION FOR APPOINTMENT

1. _____
First Name Middle Last Name

2. _____
Mailing Address City State Zip

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

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

5. _____ - _____ - _____
Social Security Number

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

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

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

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

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

11. 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