

## SOMERSET COUNTY BOARD OF ELECTIONS

P.O. Box 3000 20 Grove Street Somerville, NJ 08876-1262



Administrator
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Chairman ANTHONY J. DE CICCO

> Assistant Chairman KEN SCHERER

Secretary Commissioner CHRISTIAN R. MASTONDREA, ESQ.

Assistant Secretary KAREN E. CARROLL

Commissioner LINDA M. MONTGOMERY-WILLIAMS

Commissioner PATRICIA L. WALSH

Thank you for your interest in being a Somerset County poll worker for 2024. All new and returning poll workers must complete a new application **every year**.

We will be assigning workers for the following elections:

Primary Election, June 4, 2024

General Election, November 5, 2024

Please check your email occasionally for messages from "@co.somerset.nj.us". Note: All income, including poll worker payments, are subject to federal taxes.

Training will be provided prior to every Election.

Return this sheet and application by mail, fax, in-person, or email to:

Regina: <a href="mailto:schachte@co.somerset.nj.us">schachte@co.somerset.nj.us</a>
OR Robin: <a href="mailto:frenchr@co.somerset.nj.us">frenchr@co.somerset.nj.us</a>

## **2024 Election Commitment**

Name:
Address:
Please check line below:
YES! I WILL serve as a poll worker for the Primary Election on June 4, 2024.
YES! I WILL serve as a poll worker for the General Election on <b>November 5, 2024</b> .

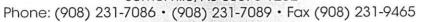
Thank you in advance for your continued cooperation.

A prompt response is appreciated.



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## Poll Worker Application

Ì	First Name	Middle	Last Name		
	Address		City	Zi	p Code
• ;	Mailing Address (if different than above)			Check Primary Co	ontact Number
ļ				Landline	Cell
·	Landline Phone #	Cell Phone #			
j.	Social Security # (for new applicants)	Email Address			
5.	Are you a Registered Voter in Somerset County?			Yes	☐ No
ба.	If you are a high school student, plea	se check this box. 🗌			
7.	Have you ever served as a Poll Worke	er?		Yes	☐ No
3.	Would you accept assignment to another town in Somerset County? If you checked yes, please list below what town(s) you prefer.			Yes	□ No
9.	State the Political Party to which you	belong.			
10.	Do you speak any other language in If you checked yes, what language(s)			Yes	☐ No
	Signature		Date	1	OVER
lease mail or fax this completed form to the address above.				OVER	