



**PARENT/GUARDIAN PERMISSION and NOTIFICATION**  
**Student Poll Worker Application**  
**Voluntary Off-School Site Election A**



The purpose of this form is to inform you, as a parent/guardian of a voluntary off-school site activity that will take place and to secure your authorization enabling your son/daughter to participate in this activity. STUDENTS SHOULD MAKE SURE THAT AFTER-SCHOOL EMPLOYERS, TEAM COACHES OR OTHER RELEVANT PERSONS ARE AWARE THAT THEY WILL BE WORKING AT THE POLLS ALL DAY AND EVENING ON ELECTION DAY.

**Please Print All Information and Sign Where Noted in Ink**

School District: \_\_\_\_\_ School Building: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ REQUIRED FOR BOE PAYMENT PURPOSES ONLY

Political Party Preference (Democrat or Republican): \_\_\_\_\_ REQUIRED FOR PLACEMENT

Date of Birth: \_\_\_/\_\_\_/\_\_\_ US Citizen? \_\_\_ Y \_\_\_ N

Registered Voter? \_\_\_ Y \_\_\_ N VOTER REGISTRATION SHEET REQUIRED EVEN IF 17 YEARS OLD

Are You Bilingual? \_\_\_ Y \_\_\_ N If yes, what non-English language? \_\_\_\_\_

My signature below indicates that I meet these criteria:

- ✓ Student in good standing ✓ Will attend 2 hour & 15 minute training session
  - ✓ **Commit to be at the polling location until dismissed by the presiding judge, likely to be a very long day, from 6:00 AM to 8:00 PM or later.**
  - ✓ **I have informed my teachers, coaches, and employers of my commitment; I have my own transportation; and I have entered it on my calendar.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Event Information**

Date: **Tuesday, November 5, 2013** Start Time: **6:00 AM** End Time: About **8:30 PM**

Nature of Activity: **Serve as Poll Worker on Election Day within Washington County.**

Location: **Polling place (Exact location to be specified at a later date.)**

Dress: **Business casual or School Spirit Wear** Drinks/Meals: **Not provided**

**★ STUDENTS ARE ENCOURAGED TO BRING A BAG LUNCH AND WATER ★**

**For Additional Information Call: Washington County Board of Elections @ 374-6828**

**School Official Verification**

Student is High School Senior? \_\_\_ Y \_\_\_ N

Faculty Member Sponsor: \_\_\_\_\_ Signature: \_\_\_\_\_

**Parent/Guardian Permission**

I have reviewed and understand the conditions of the voluntary off-site activity described and give my consent for my child to participate. I understand the location of this off-site activity will be at a polling place within **Washington County**, within our city or nearby. I give my permission for my student to be photographed at this event. I UNDERSTAND THAT MY STUDENT MAY PARTICIPATE ONLY IF ALL INFORMATION IS COMPLETED ON THIS FORM.

**Signature of Parent/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers – Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

**STUDENTS: THIS FORM MUST BE RETURNED TO YOUR SPONSORING TEACHER OR ADVISOR.**

**STUDENTS: PLEASE REMEMBER YOUR COMMITMENT TO A TWO-HOUR & 15 MINUTE TRAINING SESSION AND WORKING THE ENTIRE DAY ON TUESDAY November 6.**

**TEACHER/ADVISOR: Keep this form on file as required by your School District. USE THIS FORM TO COMPLETE MASTER LIST OF STUDENT POLL WORKERS**

