

# POTTER COUNTY BOARD OF ELECTIONS

## STUDENT POLL WORKER APPLICATION

### Student Information

Applying for (check one):  Community Service Hours  
 Pay  
*(Please be prepared to provide your Social Security number when signing the pay sheet.)*

I will work (check one):  **Full Shift** 6 AM-9 PM  
 **Morning Shift** 6 AM-1 PM  
 **Night Shift** 1 PM-9 PM

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First Middle Initial (mm/dd/yyyy)*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State Zip Code*

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Program Requirements

- I am, or will be, at least 17 years of age at the time of the election.
- I am a U.S. Citizen and a resident of Potter County.
- I will provide my own transportation.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

### High School Information

High School Name: \_\_\_\_\_

I affirm that the student named above has met the academic requirements for participation in this program.

Principal: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

I recommend the student named above to participate in the Student Poll Worker Program.

Recommending Teacher: \_\_\_\_\_

Signature of Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian Consent

I give the student permission to work as a poll worker for Potter County on the election day indicated.

Name of Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Emergency Contact on Election Day: \_\_\_\_\_ Phone: \_\_\_\_\_