

MAKE A DIFFERENCE IN YOUR COMMUNITY...

BECOME A POLL WORKER!



High School Student  
**Poll Worker Application**

Poll Workers receive a volunteer stipend between  
\$75 - \$175 depending upon the assignment

COUNTY USE ONLY	Date Rec'd: _____
PREC: _____ / _____	
ASSIGNED PRECINCT: _____	
JOB: PI TI AI CLK STANDBY	
LANG: CH FI SP VI	

**Applicant Information – Please Print Clearly**

_____ Last Name	_____ First Name	_____ Middle Initial	_____ Date of Birth (mm/dd/yyyy)	
_____ Street Address	_____ Unit/Apt #	_____ City	_____ State	_____ Zip Code
_____ Mailing Address (if different)	_____ Unit/Apt #	_____ City	_____ State	_____ Zip Code
(_____) _____ Cell Phone Number	(_____) _____ Other Phone Number	_____ Email Address		
Do you have access to a vehicle? ____Yes ____No		Are you willing to serve at a polling place outside of your neighborhood? ____Yes ____No		

Do you speak, read and write any of the following: ☐ Chinese ☐ Filipino ☐ Spanish ☐ Vietnamese?

If assigned to a Touchscreen Inspector position, are you available to pick up supplies on the weekend 10 days prior to the election? ☐ Yes ☐ No

**STUDENT CONFIRMATION**

- ☐ I understand that:
- ☐ On Election Day I must serve from 5:45 a.m. until approximately 10:00 p.m.
  - ☐ A position assignment will require a Social Security Number
  - ☐ All poll worker positions now require completion of online and classroom training
- ☐ I meet the following requirements to be eligible for this program:
- ☐ I am at least 16 years of age on or before Election Day
  - ☐ I am a U.S. citizen or lawfully admitted for permanent residence in the United States
  - ☐ I have a GPA of at least 2.5 on 4.0 scale

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

**PARENT AUTHORIZATION**

I approve of my son/daughter serving as a poll worker on Election Day from 5:45 a.m. until 10:00 p.m. I understand they will not be supervised by a district chaperone. My son/daughter has transportation to and from the poll.

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**HIGH SCHOOL AUTHORIZATION**

School Rep. Name: \_\_\_\_\_ Signature (REQUIRED): \_\_\_\_\_

School Representative Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Electronically submit and then fax, e-mail or mail signed document immediately

Fax: (858) 467-9293 Email: [Highschool.Pollworker@sdcountry.ca.gov](mailto:Highschool.Pollworker@sdcountry.ca.gov)

Mail: Registrar of Voters, 5600 Overland Ave. Suite 100, San Diego CA 92123

Questions, ask for High School Poll Worker Coordinator at (858) 565-5800