



# DC Board of Elections Student Election Worker

## STUDENT INFORMATION

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ High School Name \_\_\_\_\_

## STUDENT AFFIRMATION

- I am interested in serving as a student election worker during the upcoming election.
- I reside in the District of Columbia at the address indicated above.
- I will be at least 16 years of age on Election Day.
- I am enrolled in the school indicated above.
- I will be contacted by the DC Board of Elections prior to Election Day to schedule a training class.
- I must attend my scheduled training class.
- I must obtain permission from both an administrator at my school and my Parent or Legal Guardian to work on Election Day. It is my responsibility to collect and complete all school assignments for the day.
- I will work a **Full Day** and receive either \$180, 15 service hours, or \$90 and 7.5 service hours OR I will work a **Morning** OR **Afternoon** shift and receive either \$50 OR 4 service hours.

Put a checkmark in the box next to the appropriate shift compensation.

Full Day (6 AM – 9 PM)	Morning (6 AM – 10 AM)	Afternoon (3 PM – 7 PM)
<input type="checkbox"/> \$180 Check	<input type="checkbox"/> \$50 Check	<input type="checkbox"/> \$50 Check
<input type="checkbox"/> 15 Service Hours	<input type="checkbox"/> 4 Service Hours	<input type="checkbox"/> 4 Service Hours
<input type="checkbox"/> \$90 Check + 7.5 Service Hours	—	—

Signature \_\_\_\_\_ Date \_\_\_\_\_

*This section to be completed by a School Administrator*

Administrator Name \_\_\_\_\_

Administrator Title \_\_\_\_\_

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

High School Phone # \_\_\_\_\_

*I give permission to the student named above to participate in the DC Board of Elections Student Election Worker Program for the shift selected above.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*This section to be completed by Parent or Legal Guardian*

Parent/Legal Guardian Name \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

In case of emergency, if I cannot be reached, please contact:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

*I give permission for my child to participate in the DC Board of Elections Student Election Worker Program for the shift selected above.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

BOE USE ONLY:

1-02-2018