



Student Poll Worker Application

All students must have Parent and Teacher Signatures for application to be processed. This includes students 18 years and older.

Please print legibly.

| | | | | | |
|--|--|--|------------|----------------|--|
| S T U D E N T | First Name: | | Last Name: | | |
| | High School: | | | Grade: | |
| | Home Address: | | | Date of Birth: | |
| | City: | | Zip Code: | Email: | |
| | Home phone: | | | Cell phone: | |
| | Can you speak and understand a language other than English? YES NO | | | | |
| | If YES, what language? | | | | |
| | <p>I understand that in order to meet the legal requirements to qualify as a Student Poll Worker, I must:</p> <ul style="list-style-type: none"> • Be at least 16 years of age at the time of the election in which I am serving. • Be a U.S. citizen or legal permanent resident at the time of the election in which I am serving. • Be a student in good standing attending a public or private high school. • Have a grade point average of at least 2.5 on a 4.0 scale. | | | | |
| STUDENT SIGNATURE: _____ DATE: _____ | | | | | |

| | | |
|--|--|--|
| P A R E N T | Name: | |
| | Emergency contact information on election day: | |
| | This is to certify that I have read the parent letter and give permission for my daughter/son, named above, to serve as a Student Poll Worker. | |
| | PARENT SIGNATURE: _____ DATE: _____ | |

| | | |
|--|---|--------|
| T E A C H E R | Name: | |
| | High School: | Email: |
| | This is to certify that, to the best of my knowledge, the above named student meets all of the requirements listed above for Student Poll Worker. | |
| | TEACHER SIGNATURE: _____ DATE: _____ | |

Return completed application by FAX: (831) 454-2445

By email: lynn.stipes@santacruzcounty.us

By mail: 701 Ocean St., Room 310, Santa Cruz, CA 95060

FOR OFFICE USE ONLY:

HOME PCT: _____ DATE PLACED: _____ NOTES: _____
 ASSGN PCT: _____ INITIALS: _____