



County of Santa Cruz

COUNTY CLERK / ELECTIONS

701 OCEAN STREET, ROOM 210, SANTA CRUZ, CA 95060-4076
831-454-2060 (Elections) 831-454-2470 (County Clerk) TOLL-FREE: 866-282-5900
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Web Sites: www.votescount.com and www.sccoclerk.com

GAIL L. PELLERIN, COUNTY CLERK

Dear Parent:

With your permission, the County Clerk/Elections department would like to encourage your son/daughter to volunteer as a student pollworker for the upcoming November 4, 2008 General Election.

All students who are placed on a board are required to attend a three hour training session prior to Election Day. Training sessions are conveniently located throughout Santa Cruz County, both during the week and on weekends. Students will serve with 4 to 5 other members of our community on a precinct board. Pollworker participation is an exciting all day event. Students are expected to be present at the polling place from 6:00 a.m. to approximately 10:00 p.m., receiving both a lunch and dinner break. Students are responsible for providing their own transportation to and from training and the polling place on Election Day. For the convenience of both students and parents, students are assigned to a precinct in close proximity to their home or school.

In addition to gaining an invaluable learning experience about the democratic process, students are paid \$75 for serving on Election Day and an additional \$20 for attending a training class. Payment is mailed 3 weeks following the election.

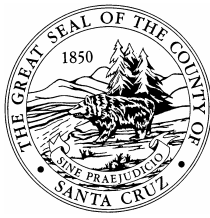
Rewards of being a Student Pollworker include:

- Hands-on introduction to the democratic process
- Students can earn community service hours
- Students are more likely to become lifelong voters
- Students earn \$95
- Looks great on college/scholarship applications and resumes
- Students gain satisfaction from helping out their community

In order to be assigned on Election Day, students must complete the attached form, obtain parent and teacher signatures, and return it to the County Clerk/Elections department as soon as possible. If for some reason your son/daughter is unable to participate after they have been placed on a board, please have your son/daughter call our office immediately. If you have any questions or concerns about the Student Pollworker Program, or are interested in volunteering with your son/daughter, please call me at 831-454-2409. We look forward to your son/daughter's participation!

Sincerely,

Tricia Webber
Program Coordinator – Election Officer Training and Staffing



Student Pollworker Application

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:	E-MAIL ADDRESS:
	HOME PHONE NUMBER:	ATLERNATE PHONE NUMBER:
	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 and to qualify as a participant in the Student Pollworker Program I must:</p> <ul style="list-style-type: none"> • Be at least 16 years of age at the time of the election to which I am serving as a member of a precinct board. • Be a U.S. citizen or will be a citizen at the time of the election to which I am serving as a member of a precinct board. • Be a student in good standing attending a public or private secondary educational institution. • Have a grade point average of at least 2.5 on a 4.0 scale. 	
STUDENT SIGNATURE: _____ DATE: _____		

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

P A R E N T	NAME:
	EMERGENCY PHONE NUMBER(S) 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 Pollworker.
	PARENT SIGNATURE: _____ DATE: _____

T E A C H E R	NAME:
	HIGH SCHOOL: E-MAIL ADDRESS:
	This is to certify that, to the best of my knowledge, the above named student meets all of the requirements listed above for Student Pollworker.
	TEACHER SIGNATURE: _____ DATE: _____

**PLEASE FAX COMPLETED APPLICATIONS TO 831-454-2445 OR
MAIL TO 701 OCEAN ST, RM 210 SANTA CRUZ, CA 95060**

FOR OFFICE USE ONLY:		
HOME PCT: _____	DATE PLACED: _____	NOTES: _____
ASSGN PCT: _____	INITIALS: _____	_____