

Student Poll Worker Application

Name: _____

Address: _____

Telephone: _____ School: _____

E-Mail: _____

Please circle the appropriate responses & complete each section before signing.

- | | | |
|--|-----|----|
| 1. I am a U.S. Citizen, at least 16 years of age & have a 2.5+ G.P.A.: | Yes | No |
| 2. I have my own transportation: | Yes | No |
| 3. I will attend the mandatory Poll Worker's in-class training: | Yes | No |
| 4. I can lift 30 pounds (Please Note: All lifting will be done by 2 people): | Yes | No |
| 5. I understand that I am required to work from 6:00 a.m. to 9:00 p.m.: | Yes | No |
| 6. My primary motivation to work as a Student Poll Worker is: | | |

- | | | |
|---|-----|----|
| 7. I am willing to politely assist voters, ensure a fair and impartial election, and promote the integrity of the electoral process in Shasta County: | Yes | No |
|---|-----|----|

I hereby attest that the information provided above is accurate & complete:

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Counselor/Principal Signature: _____ Date: _____