



Youth Election Worker Authorization

STUDENT INFORMANTION

(PRINT) First Name	M.I.	Last Name	
DATE OF BIRTH / /	MY CHILD IS COVERED BY ACCIDENT/MEDICAL INSURANCE →		YES
Home Address	City	State	Zip code
Email:	Telephone #	Cell #	
(SCHOOL INFORMATION)			
Student is Enrolled at:			
High School Street Address	City	State	Zip code
High School status: (check one) →	<input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		
I would like to receive	<input type="checkbox"/> Community service hours <input type="checkbox"/> Stipend check <input type="checkbox"/> BOTH		
Other than English what Languages do you speak fluently: _____			

(This Section to be completed by a Parent (s) or Legal Guardian (s))

I, _____, the parent (s) or legal guardian (s)
 (Print Name of legal guardian)

of _____, give permission for my child to
 (Print Name of Student)

Participate in the D.C. Board of Elections, Youth Election Worker Program. My telephone number is _____ or _____.
 (Phone number) (Alternate number)

_____/_____/_____
 (Signature) (Date)

In the case of an emergency, if I cannot be reached please contact:
 _____/_____ (Relationship) _____
 (NAME) (Phone number)

(This Section to be completed by a School Administrator)

I, _____, _____,
 (Print Name) (Print Title)

at _____, grant permission to the student
 (Print Name of School)

named above to participate in the D.C. Board of Elections Youth Election Worker Program.

The school's telephone number is _____
 (Phone number) _____ (Signature) _____ (Date)



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All students are required to attend one training session before each election. Training is held at the Board's headquarters, located at - 441 4th Street, NW- Washington, DC 20001-2745 – Suite 250 North - 2nd Floor.

Contact number (202) 727-2525 / fax number (202) 347-2648. Email – electionworker@dcboee.org

Student, Parent (s) or Legal Guardian (s) and Faculty Advisor

Students may earn credit toward community service hours; receive a stipend in the form of a check or a combination of service hours and the stipend (*4 hours of service and 4 hours for a stipend*). The student's parent(s) and school administrator coordinate with the student the best shift to work at the polls.

Please select a time slot:

- | | | |
|--------------------------|--------------|--------------------|
| <input type="checkbox"/> | EARLY SHIFT | 7:00 AM – 11:00 AM |
| <input type="checkbox"/> | FIRST SHIFT | 9:00 AM – 1:00 PM |
| <input type="checkbox"/> | SECOND SHIFT | 1:00 PM – 5:00 PM |
| <input type="checkbox"/> | THIRD SHIFT | 4:00 PM – 8:00 PM |
| <input type="checkbox"/> | FULL DAY | 6:00 AM to Closing |

I would to work in a polling place: (Check One)

- Near my Home
 Near my School

For more information, feel free to contact: DC Board of Elections **202-727-2525 (main office)**

(DCBOE USE ONLY)

STUDENT HAS BEEN CONTACTED AND ASSIGNED TO

PCT#
(Polling Place Name)

STUDENT IS ASSIGNED TO WORK THE FOLLOWING TIME SLOT

- | | | |
|--------------------------|--------------|--------------------|
| <input type="checkbox"/> | EARLY SHIFT | 7:00 AM - 11:00 PM |
| <input type="checkbox"/> | FIRST SHIFT | 9:00 AM - 1:00 PM |
| <input type="checkbox"/> | SECOND SHIFT | 1:00 PM - 5:00 PM |
| <input type="checkbox"/> | THIRD SHIFT | 4:00 PM - 8:00 PM |
| <input type="checkbox"/> | FULL DAY | 6:00 AM to closing |

UNABLE TO CONTACT STUDENT

COMMENTS _____
