

# High School Student Election Worker Application



District of Columbia Board of Elections



**PLEASE PRINT CLEARLY**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Last MM DD 4-digit Year

Home Address \_\_\_\_\_ Washington, DC Zip Code \_\_\_\_\_

Home # ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_ High School \_\_\_\_\_

**Eligibility Criteria—I affirm that:**

- I reside in the District of Columbia at the address indicated above.
- I am at least **16 years of age**.
- I am enrolled in the school indicated above.
- I am only eligible to work a maximum of 8 hours a day (Early Voting or Election Day)

**Work Requirements—I understand that:**

- I must obtain permission from 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 that I miss.
- I will be contacted by the DC Board of Elections prior to the Election to schedule a training class.
- I must attend, pass the required training class, and work one of the selected shifts below to receive a stipend payment or service hours.

**Shift Selection: Checkmark one (1) box next to the desired shift below:**

Morning (7 am – 3 pm)	Afternoon (11 am – 7 pm)	Half Day (4 pm – 8 pm)
<input type="checkbox"/> \$125 check (training)	<input type="checkbox"/> \$125 check	<input type="checkbox"/> \$65 check
<input type="checkbox"/> 8 service hours	<input type="checkbox"/> 8 service hours	<input type="checkbox"/> 4 service hours
<input type="checkbox"/> 4 service hours + \$65	<input type="checkbox"/> 4 service hours + \$65	

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD 4-digit Year

**Once ALL SECTIONS are completed—email this form to [electionworker@dcboe.org](mailto:electionworker@dcboe.org)**

*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 is to be completed by a **Parent or Legal Guardian**.*

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

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

*In case of emergency, 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 \_\_\_\_\_