

# 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 (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.
- 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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day 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 Election Day..

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 Election Day..

Signature \_\_\_\_\_ Date \_\_\_\_\_