Adult Student Election Worker Application

District of Columbia Board of Elections

ADULT STUDENT INFORMATION

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 **18 years of age or older**.
- I am enrolled in the school indicated above.

Work Requirements—I understand that:

- I must obtain permission from an administrator at my school.
- 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 schedule, attend, and pass the required training class.
- I must work a **FULL DAY** to receive **$250** *or* 16 service hours, or I must work a **HALF DAY** to receive **$125** *or* 8 service hours.

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

Full Day (6 am – 10 pm)	Half Day (7 am – 3 pm)
❏ $250 check	❏ $125 check
❏ 16 service hours	❏ 8 service hours

Student Signature _____ Date _____ / _____ / _____
                                                              DD   MM   4-digit Year

Once ALL SECTIONS are completed, please email this form to electionworker@dcboe.org

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This section is 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 _____

Emergency Contact Information

In case of emergency, contact:

Name _____

Phone # _____

BOE USE ONLY: