# Student Poll Worker Application

All students must have Parent and Teacher Signatures for application to be processed. This includes students 18 years and older.
Please print legibly.

**STUDENT**

| | |
|---|---|
| First Name: | Last Name: |
| High School: | Grade: |
| Home Address: | Date of Birth: |
| City: Zip Code: | Email: |
| Home phone: | Cell phone: |

Can you speak and understand a language other than English? ☐YES ☐NO If YES, what language?

I understand that in order to meet the legal requirements to qualify as a Student Poll Worker, I must:

- Be at least 16 years of age at the time of the election in which I am serving.
- Be a U.S. citizen or legal permanent resident at the time of the election in which I am serving.
- Be a student in good standing attending a public or private high school.
- Have a grade point average of at least 2.5 on a 4.0 scale.

STUDENT SIGNATURE: _____ DATE:_____

**PARENT**

Name:

Emergency contact information on election day:

This is to certify that I have read the parent letter and give permission for my daughter/son, named above, to serve as a Student Poll Worker.

PARENT SIGNATURE:_____ DATE: _____

**TEACHER**

Name:

| | |
|---|---|
| High School: | Email: |

This is to certify that, to the best of my knowledge, the above named student meets all of the requirements listed above for Student Poll Worker.

TEACHER SIGNATURE:_____ DATE: _____

Return completed application by FAX: (831) 454-2445
By email: lynn.stipes@santacruzcounty.us
By mail: Santa Cruz County Elections, 701 Ocean St., Room 210, Santa Cruz, CA 95060

**FOR OFFICE USE ONLY:**

HOME PCT: _____ DATE PLACED: _____ NOTES: _____

ASSGN PCT: _____ INITIALS: _____ _____