



DC Board of Elections Adult Student Election Worker



ADULT- Student information

Student Name _____ Date of Birth ____/____/____
(Print) First Last

Home Address _____ Washington, DC Zip Code _____

Cell # _____ Email _____

Home # _____ High School _____

- I am interested in serving as a student election worker during the upcoming election.
- I reside in the District of Columbia at the address indicated above.
- I will be **18 years of age or older** on Election Day.
- I am enrolled in the school indicated above.
- I will be contacted by the DC Board of Elections prior to Election Day to schedule a training class.
- I must attend my scheduled training class.
- I must obtain permission from an administrator at my school to work on Election Day. It is my responsibility to collect and complete all school assignments for the day.
- I will work a **FULL DAY** and receive **\$250 OR 16 service hours**, or I will work a **1/2 day** and receive **\$125 OR 8 service hours**.

Put a checkmark in the box next to the desired shift.

Morning (7 AM - 3 PM)	Full Day (6 AM - 10 PM)	1/2 Day (2 PM - 10 PM)
<input type="checkbox"/> \$125 Check	<input type="checkbox"/> \$250 Check	<input type="checkbox"/> \$125 Check
<input type="checkbox"/> 8 Service Hours	<input type="checkbox"/> 16 Service Hours	<input type="checkbox"/> 8 Service Hours

Signature _____ Date ____/____/____

Once **ALL SECTIONS** are completed, email this form to 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 _____

Emergency Contact Information

In case of emergency contact:

Name _____

Phone # _____

BOE USE ONLY:

1/27/2020