

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**.
- I am enrolled in the school indicated above.

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 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** and 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)
<input type="checkbox"/> \$250 check	<input type="checkbox"/> \$125 check
<input type="checkbox"/> 16 service hours	<input type="checkbox"/> 8 service hours

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

Once ALL SECTIONS are completed—email this form to electionworker@dcbce.org

This section is to be completed by a School Administrator.

Emergency Contact Information

Administrator Name _____

Administrator Title _____

High School Name _____

High School Phone # _____

In case of emergency, contact:

Name _____

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 _____

BOE USE ONLY: