Youth Pollworker Application

This Section To Be Completed By The Student

Print Name **Date of Birth**

Print Address **Telephone Number**

Print Name of School **Social Security Number**

Please check (√) one of the following:

I would like to earn community service hours ( )

I would like to receive a stipend in the form of a check ( ).

This Section To Be Completed By A School Administrator

I, _____, _____,
Print Name **Print Title**

at _____, give approval for the above
Print Name of School

named student to participate in the D.C. Board of Elections and Ethics' Youth Pollworker Program.

_____ _____
Signature **Date**

This Section To Be Completed by A Parent or Legal Guardian

I, _____, the parent or legal guardian of
Print Name

_____, give my permission for them to
Print Name of Student

participate in the D.C. Board of Elections and Ethics' Youth Pollworker Program. My telephone number is _____.

_____ _____
Signature **Date**

Note: Upon completion, please return this application to the D.C. Board of Elections and Ethics at 441 Fourth Street, N.W., Room 250-North, Washington, D.C. 20001 or fax it to 347-2648. If you have any questions, feel free to call the Board at 727-2525.