

STUDENT ELECTION ASSISTANT APPLICATION

Student Contact Information :

First Name : Last Name :

Address :

Date of Birth : Phone No : E-Mail :

Eligibility/Certification

I certify that I am: (Circle Yes/No)

17 years of age at the time of the election which I am applying for: yes/no

Be able to work from 6 am to at least 8 pm on Election Day: yes/no

A United States citizen: yes/no

Have transportation to training and Election Day Precinct: yes/no

A resident of Stanly County: yes/no

Will be able to attend 2 to 3 hr training session: yes/no

I understand I will be required to assist in my precinct on the eve of the election (approx. 2 hours) yes/no

If you answered "no" to any of the above questions, you do not qualify.

I certify that I have read and understand the guidelines of the Student Election Assistant program, that I will follow them to the best of my abilities, and that the information provided above is correct.

Student Signature _____ Date _____

Enrollment/Academic Status Verification

Name of Principal/Director _____ School Name _____

School Address _____

Daytime Phone _____ Email _____

Signature _____ Date _____

By my signature above, I am recommending this student to be a student election assistant and certify that they are enrolled and have an exemplary academic record as defined by instruction

Parental Permission

Name _____ Relation to Student: (Circle One) *Parent * Legal Custodian *Guardian

Address _____ Primary Phone _____

Signature _____ Date _____

By my signature above, I am consenting for this student to be a student election assistant.