

STUDENT WORKER APPLICATION

Youth at the Booth Student Application
Voluntary Off-School Site Election Activity

The purpose of this document is to inform you as a parent/guardian of a voluntary off-school site activity that will take place and to secure your authorization enabling your son/daughter to participate in this activity. STUDENTS SHOULD MAKE SURE THAT AFTER-SCHOOL EMPLOYERS, TEAM COACHES OR OTHER RELEVANT PERSONS ARE AWARE THAT THEY WILL BE WORKING AT THE POLLS ALL DAY AND EVENING ON **ELECTION EVE NIGHT and ELECTION DAY**, and must complete virtual and in person trainings (date and time

STUDENT COMMITMENT – Please Print All Information and Sign Where Noted in Ink

Student's Full Legal Name: _____ Date of Birth: _____

Student Address: _____

City: _____ Zip Code: _____ Email: _____

Telephone: _____ Cell Phone: _____ Party Affiliation: _____

Social Security #: _____ Driver License #: _____

_____ I have attached my completed VOTER REGISTRATION form **OR**

_____ I am ALREADY registered to vote in LUCAS COUNTY (If you have any name or address change, you MUST complete a new Voter Registration Form with your new information)

My signature below indicates that I meet these criteria:

1. Student in good standing.
2. Must complete virtual (online) and in-person training sessions.
3. Have a working phone number.
4. Able to lift 40 lbs.
5. Commit to be at the polling location the night before election from 6:00 PM to 7:30 PM and on Election Day from 5:30 AM to 9:00 PM or later (when I am dismissed by my Manager).
6. I have informed my teachers, coaches, and employers of my commitment; I have my own transportation; and I have entered it on my calendar. I AM WILLING TO WORK AT ANY LUCAS COUNTY POLLING LOCATION, AND I UNDERSTAND THAT THERE ARE A LIMITED NUMBER OF STUDENTS PERMITTED BY LAW TO WORK IN LUCAS COUNTY.

Student Signature: _____ Date: _____

Under penalty of perjury, I hereby swear or affirm that the above information is true and accurate. Further, I authorized the Lucas County Board of Elections to conduct a criminal background check. I understand that any active warrants or felony convictions on my criminal record will result in immediate termination as a board of elections, election official. No person who has been convicted of a felony, or any violation of the election laws, shall serve as an election officer. Ohio Revised Code Statute 3501.27.

Republican Booth Official: (419) 213-2031

Democratic Booth Official: (419) 213-2033

Home Precinct

Assigned Precinct/Position

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PARENT/GUARDIAN PERMISSION

I have reviewed and understand the conditions of the voluntary off-site activity described and give my consent for my child to participate. I understand the location of this off-site activity will be at a polling place within Lucas County. I give my permission for my student to be photographed at this event. I UNDERSTAND THAT MY STUDENT MAY PARTICIPATE ONLY IF ALL INFORMATION IS COMPLETED ON THIS FORM.

Signature of Parent/Guardian: _____

Address: _____

Telephone Numbers

Daytime: _____

Evening: _____

Event Information

Election Eve

Start Time: 6:00 PM

End Time: 7:30 PM

Election Day

Start Time: 5:30 AM

End Time: 9:00 PM

Nature of Activity: Serve as Poll Worker on Election Day within Lucas County

Location: Polling Place (Exact location to be specified at a later date)

Dress: Plain T-Shirt, Blouse or Shirt, Dress Pants or Jeans (No Holes), (No Sandals or Flip Flops)

** STUDENTS ARE ENCOURAGED TO BRING A BAG LUNCH AND WATER **

OFFICIAL SCHOOL VERIFICATION

High School: _____

Are you a senior? **Yes** or **No**

Faculty Member Sponsor: _____

Signature: _____

STUDENTS

This form must be returned to your sponsoring teacher along with your completed voter registration (if not already registered). Please remember your commitment to, virtual and in-person training sessions; be at your assigned precinct from 6:00 PM – 7:30 PM on Monday, Election Eve and the entire day on Tuesday, Election Day.

TEACHER/ADVISOR

Keep a copy of this form on file as required by your School District. SEND THE ORIGINAL PERMISSION FORM AND VOTER REGISTRATION TO:

Pamela R. Wilson, Field Operations Supervisor
Lucas County Board of Elections
One Government Center, Suite 300
Toledo, OH 43604-2250

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