

LUCAS COUNTY BOARD OF ELECTIONS

One Government Center • Suite 300 • Toledo, Ohio 43604-2250
419-213-4001 • 419-213-4069 (fax)
www.lucascountyvotes.org



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 be available for 3 hours of training (date and time TBA).

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:

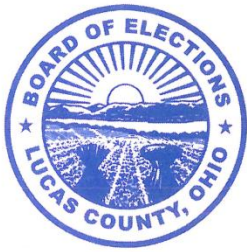
1. Student in good standing
2. Will attend 3 hour training session
3. Have a working phone number
4. Able to lift 40 lbs.
5. Commit to be at the polling location the night before election from 6:00 PM to 7:00 PM and on Election Day from 6:00 AM to 8:30 PM or later (when I am dismissed by my Manager)
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: _____

Republican Booth Official: (419) 213-2630
Democratic Booth Official: (419) 213-2640

Home Precinct	Assigned Precinct/Position
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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.



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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: 7:00 PM

Election Day

Start Time: 6:00 AM

End Time: 8:30 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 a 3 hour training session, be at your assigned precinct from 6:00 PM – 7:00 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
Lucas County Board of Elections
One Government Center, Suite 300
Toledo, OH 43604-2250

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