

PARENT/GUARDIAN PERMISSION AND NOTIFICATION FORM
17 yr. old and 18 yr. old Student Precinct Election Official Application
Voluntary Off-School Site Election Activity

The purpose of this form 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 NOVEMBER 5, 2013.

Please print all information and sign where noted in ink.

School District _____ School Building: _____

Student Name: _____

Student Address: _____

City: _____ Zip Code: _____ Email: _____

Telephone: _____ Cell Phone: _____

Social Security # _____ (REQUIRED FOR PAYROLL PURPOSES ONLY)

Political Party Preference (Democrat or Republican): _____ (REQUIRED FOR PLACEMENT)

Date of Birth: ___/___/___ US Citizen? ___Y ___N

Registered Voter? ___Y ___N (VOTER REGISTRATION CARD REQUIRED EVEN IF 17 YEARS OLD)

My signature below indicates that I meet these criteria:

Student in good standing - Enrolled in the senior year of high school - Will attend training session - Clinton County resident
Commit to be at the polling location until dismissed by the presiding judge, likely to be a very long day, from 5:30 a.m. to 8:30 p.m. or later.
I have informed my teachers, coaches, and employers of my commitment; I have my own transportation; and I have entered the date on my calendar.

Student Signature: _____ **Date:** _____

Event Information

Date: **Tuesday November 5, 2013** Start time: **5:30 a.m.** End Time: **approximately 8:30 p.m.**

Nature of Activity: **Serve as Poll Worker on Election Day within Clinton County.**

Location: **Polling place (Exact location to be specified at a later date.)**

Dress: **Business casual or School Spirit Wear** Drinks/Meals: **Not provided**

STUDENTS ARE ENCOURAGED TO BRING A BAG LUNCH AND WATER

For additional information call: Clinton County Board of Elections, Betsy Hart/Joy Ames 937-382-3537

School Official Verification

Student is High School Senior? ___Y ___N Student lives in Clinton County? ___Y ___N

This student will be excused for this absence in accordance with ORC 3501.22(c)(4).

Faculty Member Sponsor: _____ Signature: _____

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 Clinton County, within our city or nearby. I agree to the release of telephone numbers and email addresses of this student strictly for purposes relating to the election. **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: _____ Cell: _____