



# STUDENT ELECTION OFFICER PROGRAM APPLICATION

SAN JOAQUIN COUNTY REGISTRAR OF VOTERS OFFICE  
**PLEASE PRINT LEGIBLY & COMPLETE ENTIRE FORM**



Student	<b>Name:</b>	<b>Email:</b>
	<b>Home Address:</b>	<b>Mailing Address:</b>
	<b>City:</b> <b>Zip Code:</b>	<b>City:</b> <b>Zip Code:</b>
	<b>Are you fluent in any other languages?</b> Yes __ No __	<b>If Yes, What language?</b>
	<b>Home Phone:</b>	<b>Cell Phone:</b>
	<b>Date of Birth:</b>	<b>Social Security #:</b>
	<p><b>I understand that I must meet the following requirements to be eligible for this program:</b></p> <ul style="list-style-type: none"> <li>* A high school student with a grade point average of at least 2.5</li> <li>* United States citizen or a Legal Permanent Resident at the time of the election</li> <li>* At least 16 years of age at the time of the election</li> <li>* A student in good standing</li> </ul> <p><b>Student Signature:</b> _____ <b>Date:</b> _____</p>	

Parent	<b>Name:</b>
	<b>Emergency Phone Number(s) on Election Day:</b>
	<p>This is to certify that I have read the parent letter and give permission for my son/daughter, named above, to serve as a Student Election Official.</p> <p><b>Parent Signature:</b> _____ <b>Date:</b> _____</p>

School	<b>Teacher/Administrator:</b>
	<b>High School:</b>
	<b>Contact Number:</b>
	<p>As a teacher/administrator at the above mentioned high school, I verified that the above named student meets the eligibility requirements and would be an outstanding student Election Officer.</p> <p><b>Teacher/Administrator Signature:</b> _____ <b>Date:</b> _____</p>

Return	<b>To:</b>	<b>Registrar of Voters Office, Precinct Operations</b>
	<b>By Mail:</b>	<b>PO Box 810, Stockton, CA 95201</b>
	<b>By FAX:</b>	<b>(209) 468-9534</b>
	<b>By E-Mail:</b>	<b>polls@sjgov.org</b>
	<b>In Person:</b>	<b>44 N San Joaquin St., Suite 350, Stockton, CA 95202</b>

<b>FOR ELECTION USE ONLY:</b>	HOME PCT:	INITIALS:	ID#:	SCANNED <input type="checkbox"/>
COMMENTS:				