



STUDENT ELECTION OFFICER PROGRAM APPLICATION

SAN JOAQUIN COUNTY REGISTRAR OF VOTERS OFFICE

(Please print clearly and complete entire form)



STUDENT	Full Name: First Middle Last		Fluent in another language? If yes, please specify		
	Home Address:		Mailing Address:		
	City:	Zip Code	City	Zip Code:	
	Student Email: (Print Clearly)				
	Home Phone	Cell Phone		Please circle the maximum miles able to travel for assignment 1-5 miles 5 miles or less 5- 10 miles	
	Date of Birth:	Social Security #: <i>Required for payroll</i>			
<p>I understand that I must meet the following requirements to be eligible for this program:</p> <ul style="list-style-type: none"> * A high school student with a 2.5 GPA * A United States citizen or lawful permanent resident * At least 16 years old on or before Election Day <p>Student Signature _____ Date _____</p>					
PARENT	Print Parent/Guardian Name:		Emergency Phone Number(s) on Election Day		
	<p>I have read the parent information letter and give permission for my student, named above, to serve as a Student Election Officer.</p> <p>Parent Signature _____ Date _____</p>				
SCHOOL	Teacher/Administrator:		High School:		
	<p>As a teacher/administrator at the above-mentioned high school, I verified that the above-named student meets the eligibility requirements.</p> <p>Teacher/Administrator Signature _____ Date _____</p>				
RETURN	By FAX: (209) 468 -9534		By E-Mail: students@sjgov.org		
	In Person: 44 N. San Joaquin St., Suite 350, Stockton CA 95202				
	FOR ROV USE ONLY				
HOME PCT:		INITIALS:		SCANNED	