



YOUTH AT THE BOOTH APPLICATION/PERMISSION FORM

This form represents a commitment from this student AND parent/guardian for participation in a voluntary, off-site school activity on Tuesday, November 5, 2019.

STUDENTS - Please Print All Information and Sign Where Noted *IN INK*.

Your School: _____

Your Full Legal Name: _____ Date of Birth _____

Address: _____

City: _____ Zip Code: _____

Cell Ph: _____ - _____ - _____ Which Carrier? Verizon Sprint AT&T T-Mobile Other _____

Home Ph: _____ - _____ - _____ Email _____

Social Security # _____ - _____ - _____ REQUIRED (FOR PAYROLL PURPOSES ONLY)

Students, please complete this form and check the appropriate line below:

_____ I am 18 or will be 18 on or before November 5, 2019 and have attached a completed VOTER REGISTRATION Form. (Complete the form online. <https://olvr.sos.state.oh.us> Print and attach.)

_____ I ALREADY am registered to vote and have verified my registration status on the Franklin County Board of Elections website: (<http://vote.franklincountyohio.gov>)

_____ I am 17 and won't be 18 by November 5, 2019 so I am submitting this application form ONLY.

Our signatures below indicate that my parent/guardian and I agree that: (Please check)

_____ I am a United States citizen and a resident of Franklin County

_____ I will attend a 2½ - 3 hour training session

_____ I will work at my assigned polling location **ALL DAY Election Day, November 5, from 5:30 a.m. until at least 8:30 p.m. or possibly later (when dismissed)**

_____ I will inform my teachers, coaches, and employers that I will not be available at all on Nov. 5th

_____ I will have transportation to and from the polling location

_____ I will work at any Franklin County voting location, many of which are places of worship. (Please indicate if, for religious reasons, you cannot work at a church / mosque / synagogue.)

Student Signature: _____ Date: _____

★ STUDENTS ARE ENCOURAGED TO BRING A BAG LUNCH, SNACK AND WATER ★

Parent/Guardian Permission I have reviewed and understand the conditions of this voluntary off-site activity and give my consent for my child to participate. I give my permission for my student to be photographed at this event.

Signature of Parent/Guardian: _____

Address: _____

Daytime Phone: _____ Evening: _____

School Official Verification

Student is: A senior? ___ Y ___ N In good standing and will represent the school well? ___ Y ___ N

Faculty Sponsor: _____ Signature: _____