

Student Election Worker Application

(A separate application is required for each election.)

Application for Election Date: ____ / ____ / ____

There are a limited number of student election worker positions. The Election Office will notify students who have been selected by a letter of appointment. All applications should be received at least 8 weeks prior to Election Day. A student election worker can only be a 16 or 17 year old. Anyone 18 and older, must be a registered voter. A recommendation letter from a teacher, counselor or administrator must accompany each application. (K.S.A 25-2804.)

Please Print

NAME: _____ Birth Date ____ / ____ / ____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

TELEPHONE: (HOME) _____ (CELL) _____

I am willing to receive text messages on my cell phone. Cellular Provider _____

Email Address: _____

Do you have a valid driver's license? Yes No

High School Attending: _____ Graduation Year: _____

Emergency Contact Names and Telephone Numbers:

- 1. _____ () _____
- 2. _____ () _____

I understand that in order to meet legal requirements and to qualify as a participant in the Student Election Worker Program I must:

- 1) be at least 16 years of age on Election Day;
- 2) be a United States citizen; resident of Johnson County, KS;
- 3) provide the Election Office a current copy of my Social Security Card (or I cannot train or work);
- 4) never have been convicted of a crime that would affect my ability to be an Election Worker;
- 5) not be related to any candidate on the precinct ballot where appointed to serve;
- 6) collect my parent/guardian permission signature;
- 7) provide a letter of recommendation from a teacher, counselor or administrator pursuant to K.S.A 25-2804;
- 8) attend an Election Worker training class;
- 9) provide my own transportation to and from the polling place;
- 10) report to my assigned polling place by 6 a.m., and remain at the polling place after the 7 p.m. closing.
- 11) Everyone commits to the entire day, NO EXCEPTIONS.

Student Signature: _____ Today's Date: ____ / ____ / ____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Today's Date: ____ / ____ / ____

Mail, email, or fax this form, information below. This registers you into our Election Worker pool for Election Day. Selection of workers is based on need and is not guaranteed.

You will be notified only if selected to work a specific election.

Student Election Worker Letter of Recommendation

(Please have teacher, counselor or administrator fill out prior to submitting your application.)

Dear Johnson County Election Office,

I am pleased to write a letter of recommendation for _____ . I
(Student Name)
highly recommend this student to your organization for the position of Student Election Worker
for the Election to be held on _____ .
(Election Date)

I have known this student for the past _____ .
(Years/Semesters)

He/She understands he/she is responsible for all homework and assignments missed due to working on Election Day. I strongly endorse making this student a Student Election Worker.

Sincerely,

(Signature)

(Printed Name)

(Title)

(Phone)



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 352 OLATHE, KS

POSTAGE WILL BE PAID BY ADDRESSEE

JOHNSON COUNTY ELECTION OFFICE
2101 E KANSAS CITY RD
OLATHE, KS 66061-9802

