



# MONTEREY COUNTY ELECTIONS DEPARTMENT

1370 B South Main St, Salinas, CA 93901 ♦ PO Box 4400, Salinas, CA 93912

Phone (831) 796-1485 Fax (831)755-5485

Web site: [www.montereycountyelections.us](http://www.montereycountyelections.us)

## APPLICATION TO SERVE AS A STUDENT ELECTION OFFICER

NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_

LAST

FIRST

MI

Age: \_\_\_\_\_

Class Standing(select one):  Sophomore  Junior  Senior

**RESIDENTIAL ADDRESS**

NUMBER & STREET

CITY

STATE

ZIP CODE

**MAILING ADDRESS (If different)**

NUMBER & STREET

CITY

STATE

ZIP CODE

**TELEPHONE**

Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**In applying to the program, I affirm that I meet all of the following requirements (check all that apply):**

- High School Student with a minimum 2.5 GPA
- At least 16 years of age at the time of the election
- If 18 years of age by the next election, a registered voter
- United States Citizen
- Read, write, and speak English

<b>Have you ever applied to serve as an Election Officer or Ballot Inspector in Monterey County?</b>	___ YES    ___ NO
<b>Are you willing to work in a precinct other than the one in which you live:</b>  If "YES" how far are you willing to travel? _____ miles	___ YES    ___ NO
<b>Do you have transportation to get to your place of assignment?</b>	___ YES    ___ NO
<b>Are you fluent in a language other than English?</b>  Other language(s): _____	___ YES    ___ NO
<b>My primary motivation for wanting to work as an Election Officer or Ballot Processor is:</b>  _____	

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I am interested in the **ELECTION OFFICER PROGRAM** and understand that I must commit to work the entire Election Day on Tuesday, November 2, 2010 from 6:00 a.m. until all duties are complete at approximately 9:30 p.m. Additionally, I understand I must participate in a 2 ½ hour required training class. I do have transportation to and from the class and the assigned polling place. I shall earn \$25 for attending class and may earn \$110 OR community service credit for volunteering at a polling place. Furthermore, I understand it is my responsibility to notify all of my teachers of the date and times I will serve as an Election Officer.

*By initialing, my parent/guardian and I agree that we have been informed of the responsibilities inherent in the Election Officer Program as described above and authorize that I am able to perform said duties.*

STUDENT INITIALS: \_\_\_\_\_ PARENT/GUARDIAN INITIALS: \_\_\_\_\_

I am interested in the **BALLOT INSPECTOR** position. I understand that this position is assigned to the Monterey County Elections Office located at 1370 B South Main St. in Salinas on Saturday, October 30, 2010 and/or Saturday, October 23, 2010. I shall serve a minimum of five hours but may serve longer if I choose. As a ballot inspector I shall earn community service credit (this is not a paid position).

*By initialing my parent/guardian and I agree that we have been informed of the responsibilities inherent in the Ballot Processor position as described above and authorize that I am able to perform said duties.*

STUDENT INITIALS: \_\_\_\_\_ PARENT/GUARDIAN INITIALS: \_\_\_\_\_

Please have your nominating teacher complete:

Teacher Name (Print): \_\_\_\_\_ Teacher Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_

SIGNATURE OF STUDENT: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

Incomplete or illegible applications will be rejected.

FOR ELECTION OFFICE USE ONLY:

Contact Date: \_\_\_\_\_

Eligible: Y N

Pos: E.O. B.P

Bilingual: Y N

PCNT: \_\_\_\_\_

Poll Loc: \_\_\_\_\_

Our staff will contact you with additional information including details of your duties and details of the volunteer stipend. You will receive both phone and written confirmation of your assignment prior to the next election. Please feel free to call 796-1485 with any questions.

***ON BEHALF OF YOUR FRIENDS AND NEIGHBORS FROM  
MONTEREY COUNTY WE THANK YOU FOR COMMITTING TO SERVE!***

