

ALLEGHENY COUNTY DIVISION OF ELECTIONS  
STUDENT POLL WORKER APPLICATION for April 28, 2020



Student Information

Select a shift (check one): Entire day   
Morning shift   
Evening shift

Applying for (check one): Community Service Hours   
Pay

Social Security Number: \_\_\_\_\_  
(only required if Pay is selected)

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First Middle Initial (mm/dd/yyyy)*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State Zip Code*

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program Requirements

- I am, or will be, at least 17 years of age at the time of the election.
  - I am a U.S. Citizen and a resident of Allegheny County.
  - I will provide my own transportation.
  - I will get a Performance Form signed by the Judge of Elections on election day.
- I understand and meet all of the above requirements.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

High School Information

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

I affirm that the student named above has met the academic requirements for participation in this program.

Principal: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

I recommend the student named above to participate in the Student Poll Worker Program.

Recommending Teacher: \_\_\_\_\_

Signature of Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Consent

I give the student permission to work as a poll worker for Allegheny County on the election day indicated.

Name of Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact on Election Day: \_\_\_\_\_ Phone: \_\_\_\_\_