

ALLEGHENY COUNTY DIVISION OF ELECTIONS

STUDENT POLL WORKER APPLICATION



Student Information

Applying for (check one): Community Service Hours
 Pay
(Please be prepared to provide your Social Security number when signing the pay sheet.)

I will work (check one): **Full Shift** 6 AM-9 PM
 Morning Shift 6 AM-1 PM
 Night Shift 1 PM-9 PM

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.

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: _____