Nomination Form

Village of Random Lake Voters Office

Student Poll Worker Program

STUDENT

NAME:	SOCIAL SECURITY #:
HOME ADDRESS:	MAILING ADDRESS:
CITY: ZIP CODE:	CITY: ZIP CODE:
HOME PHONE:	DATE OF BIRTH:
CAN YOU SPEAK AND UNDERSTAND A LANGUAGE OTHER THAN ENGLISH? YES _____ NO _____	IF YES, WHAT LANGUAGE?

I UNDERSTAND THAT I MUST MEET THE FOLLOWING REQUIREMENTS TO BE ELIGIBLE FOR THIS PROGRAM:

- A HIGH SCHOOL STUDENT WITH A GPA OF AT LEAST 3.0
- UNITED STATES CITIZEN AT THE TIME OF THE ELECTION
- AT LEAST 16 YEARS OF AGE AT THE TIME OF THE ELECTION
- A STUDENT IN GOOD STANDING

STUDENT SIGNATURE: _____ DATE: _____

PARENT

NAME:

EMERGENCY PHONE NUMBER(S)
ON ELECTION DAY:

THIS IS TO CERTIFY THAT I HAVE READ THE PARENT LETTER* AND GIVE PERMISSION FOR MY DAUGHTER/SON, NAMED ABOVE, TO SERVE AS A STUDENT POLL WORKER.

PARENT SIGNATURE: _____ DATE: _____

SCHOOL

TEACHER/ADMINISTRATOR:

HIGH SCHOOL:

CONTACT NUMBER:

AS A TEACHER/ADMINISTRATOR AT THE ABOVE MENTIONED HIGH SCHOOL, I VERIFY THAT THE ABOVE NAMED STUDENT MEETS THE ELIGIBILITY REQUIREMENTS AND WOULD BE AN OUTSTANDING STUDENT POLL WORKER.

TEACHER/ADMINISTRATOR SIGNATURE: _____ DATE: _____

RETURN

MAIL OR IN PERSON TO:

VILLAGE OF RANDOM LAKE
96 RUSSELL DRIVE
P.O. BOX 344
RANDOM LAKE, WI 53075

QUESTIONS: CALL (920) 994-4852