

Student Election Clerk Application/Permission Slip

Rich Vargo, Riley County Election Officer

PLEASE PRINT

Name of High School

Today's Date

Name of Student

Date of Birth

Address

City

State

Zip Code

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Phone Number

Social Security Number (This is mandatory – you cannot be paid without it.)

Will you be working for payment or for community service hours? Payment
 Community Service

Student Election Clerk Applicant: Please read and sign the following, and have the "PERMISSION" signed by your parent or legal guardian.

I attest that:

I am a U.S. Citizen and a resident of the Riley County.

I am willing and physically and mentally able to perform the tasks of an Election Clerk.

I will attend a mandatory Election Clerk training class for each election at which I work.

I have never been convicted of election fraud, other election offenses or fraud.

I am not related to any candidate appearing on the ballot.

I am at least 16 years old.

Signed:

(Signature of Student Election Clerk Candidate)

(Date)

PARENTAL PERMISSION

Name of Student (print)

This is to certify that I give permission for my daughter/son, named above, to serve as a Student Election Clerk at the, **AUGUST 3, 2021 Election (if needed) & NOVEMBER 2, 2021 Election.**

Signature of Parent or Guardian

DATE

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Emergency Phone Number

Return to Riley County Clerk's Office: 110 Court House Plaza Suite B118 Manhattan, KS 66502
Phone: 785-565-6200 Fax: 785-537-6394 Email: jgrimes@rileycountyks.gov