

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

()

Phone Number

Will you work as an ALTERNATE? (You may be called the day before the election or on Election Day.)

Yes No

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 **NOVEMBER 7, 2023 Election.**

Signature of Parent or Guardian

DATE

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Emergency Phone Number

For Office Use Only

Updated: 6/20/2023