

Contac	ct Information	n e		
Full Name:			Date of Birth:	
	Last	First	MI	(mm/dd/yyyy)
Address:				
	Street Address			Apartment/Unit #
	City		State	Zip Code
Cell Phon	e:	<u></u>	Email:	
Progra	ım Reguireme	ents		
		f age at the time of the election	n.	
=	. Citizen and a resident of			
	ide my own transportati	•		
I am not r	elated to any person on	the ballot running for office.		
Signature:			Date:	
Parent	t/Guardian Pe	rmission		
that lives understar place earl This is a p	in Cass County ar nd my student wi ly enough to help	nd will be at least 16 y Il need to attend a tra set up and will need t lents approved as pol	=	e of the election. I need to be at the polling se of the polling place.
Name				
Signature				

N.D.C.C. 16.1-05-02. Qualifications of members of the board of election

b. A student enrolled in a high school or college in this state who has attained the age of sixteen is eligible to be appointed as a poll clerk if the student possesses the following qualifications:

- (1) Is a United States citizen or will be a citizen at the time of the election at which the student will be serving as a member of an election board.
- (2) Is a resident of this state and has resided in the precinct at least thirty days before the election; and
- (3) Is a student in good standing attending a secondary or higher education institution.
- c. A student appointed as a poll clerk may be excused from school attendance during the hours that the student is serving as a poll clerk, including training sessions, if the student submits a written request to be absent from school signed and approved by the student's parent or guardian and by the school administrator and a certification from the county auditor stating the hours during which the student will serve. A student excused from school attendance under this subdivision may not be recorded as being absent on any date for which the excuse is operative. No more than two students may serve as poll clerks on an election board.

School Approval	
High School Name:	
School Phone Number:	
E-mail Address:	
I recommend this student to participate in the S	Student Poll Worker Program.
Recommending Teacher:	
Signature:	Date:
I affirm the student is in good standing and scho have an excused absence for a partial day for tr	
School Administrator:	
Signature	Date: