



**PARENT/GUARDIAN PERMISSION AND NOTIFICATION FORM**

Youth at the Booth Student Application  
 Voluntary Off-School Site Election Activity

The purpose of this form is to inform you, as a parent/guardian of a voluntary off-school site activity that will take place and to secure your authorization enabling your son/daughter to participate in this activity. **STUDENTS SHOULD MAKE SURE THAT AFTER-SCHOOL EMPLOYERS, TEAM COACHES OR OTHER RELEVANT PERSONS ARE AWARE THAT THEY WILL BE WORKING AT THE POLLS ALL DAY AND EVENING ON November 2, 2010, and must be available for 2.5 hours of training (date and time TBA).**

**STUDENT COMMITMENT - Please Print All Information and Sign Where Noted in Ink**

School District: \_\_\_\_\_ School Building: \_\_\_\_\_

Student's Full Legal Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ **REQUIRED FOR BOE PAYROLL PURPOSES ONLY**

Email Address \_\_\_\_\_

I have attached my completed VOTER REGISTRATION form OR

I am **ALREADY** registered to vote in **FRANKLIN COUNTY** (If you have any name or address change, you **MUST** complete a new Voter Registration Form with your new information).

**My signature below indicates that I meet these criteria:**

- ✓ Student in good standing    ✓ Will attend 2 -1/2 hour training session
- ✓ Commit to be at the polling location at 5:30 AM to 8:30 PM or later (when I am dismissed by my Manager).
- ✓ I have informed my teachers, coaches, and employers of my commitment; I have my own transportation; and I have entered it on my calendar. **I AM WILLING TO WORK AT ANY FRANKLIN COUNTY POLLING LOCATION, AND I UNDERSTAND THAT THERE ARE A LIMITED NUMBER OF STUDENTS PERMITTED BY LAW TO WORK IN FRANKLIN COUNTY.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Permission** I have reviewed and understand the conditions of the voluntary off-site activity described and give my consent for my child to participate. I understand the location of this off-site activity will be at a polling place within Franklin County. I give my permission for my student to be photographed at this event. I UNDERSTAND THAT MY STUDENT MAY PARTICIPATE ONLY IF ALL INFORMATION IS COMPLETED ON THIS FORM.

**Signature of Parent/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers – Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

**Event Information**

Date: **Tuesday, November 2, 2010** - Start Time: **5:30 AM** End Time: When excused, about **8:30 PM**

Nature of Activity: **Serve as Poll Worker on Election Day within Franklin County.**

Location: **Polling place (Exact location to be specified at a later date.)**

Dress: **YOUTH AT THE BOOTH T-SHIRT & DRESS PANTS (no jeans, no sandals or flip flops)**

★STUDENTS ARE ENCOURAGED TO BRING A BAG LUNCH AND WATER★

**For Additional Information Call: Kids Voting 614/ 224-3555 or Franklin County BOE 614/462-3100**

**School Official Verification**

Student is High School Senior?    \_\_\_ Y    \_\_\_ N

Faculty Member Sponsor: \_\_\_\_\_ Signature: \_\_\_\_\_

**STUDENTS:**

**THIS FORM MUST BE RETURNED TO YOUR SPONSORING TEACHER ALONG WITH YOUR COMPLETED VOTER REGISTRATION (if not already registered). PLEASE REMEMBER YOUR COMMITMENT TO A 2-1/2 hour TRAINING SESSION AND THE ENTIRE DAY ON TUESDAY, Nov. 2, 2010.**

**TEACHER/ADVISOR:** Keep a copy of this form on file as required by your School District. **SEND THE ORIGINAL PERMISSION FORM AND VOTER REGISTRATION TO:**

KIDS VOTING CENTRAL OHIO  
 60 E. BROAD ST., 3<sup>RD</sup> FLOOR  
 COLUMBUS, OH 43215  
[www.KidsVotingOH.org](http://www.KidsVotingOH.org)