



YOUTH AT THE BOOTH PERMISSION FORM

This form is designed to inform you, as a parent/guardian, of a voluntary off-school site activity that will take place and to secure your authorization that your son/daughter may participate in this activity. STUDENTS MUST MAKE SURE THAT TEACHERS AND AFTER-SCHOOL EMPLOYERS, TEAM COACHES OR OTHER RELEVANT PERSONS ARE AWARE THAT THEY WILL BE WORKING AT THE POLLS ALL DAY AND EVENING ON TUESDAY, MARCH 6, 2012. Students also must attend a 2.5 hour training session (date/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: \_\_\_\_\_
Email Address \_\_\_\_\_

IMPORTANT:

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

I have attached my completed VOTER REGISTRATION form OR
I worked in the November Election (If you have any name or address change, you MUST complete and include a new Voter Registration Form with your new information) OR
I am ALREADY registered to vote in FRANKLIN COUNTY AND HAVE VERIFIED THIS ON THE BOE WEBSITE
My signature below indicates that I meet these criteria:
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.
I am ALSO interested in working in the June 12, 2012 Presidential Primary Election. Please contact me.
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 IN INK.

Signature of Parent/Guardian: \_\_\_\_\_
Address: \_\_\_\_\_
Telephone numbers - Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

School Official Verification

Student is High School Senior? \_\_\_ Y \_\_\_ N Student is in good standing and will represent the school well. \_\_\_ Y \_\_\_ N
Faculty Member Sponsor: \_\_\_\_\_ Signature: \_\_\_\_\_

STUDENTS:

THIS FORM MUST BE RETURNED TO YOUR SPONSORING TEACHER. (INCLUDE VOTER REGISTRATION FORM IF YOU HAVE A CHANGE OF ADDRESS OR ARE NOT ALREADY REGISTERED). PLEASE REMEMBER YOUR COMMITMENT TO ATTEND A 2-1/2 hour TRAINING SESSION AND TO WORK THE ENTIRE DAY ON TUESDAY, MARCH 6, 2012.

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., 3RD FLOOR
COLUMBUS, OH 43215

For Additional Information Call: Kids Voting 614.224.3555 or Franklin County BOE 614.525.3100