



**PARENT/GUARDIAN PERMISSION
AND NOTIFICATION FORM
STUDENT ELECTION INSPECTOR
APPLICATION**



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 child to participate in this activity.

STUDENTS ARE REQUIRED TO NOTIFY AFTER-SCHOOL EMPLOYERS AND TEAM COACHES, ETC. THAT THEY WILL BE WORKING AT AN ELECTION POLL SITE ON TUESDAY, November 8th, 2022 FROM 5:15AM UNTIL ABOUT 9:30PM, OR WHEN THE POLL SITE CLOSSES.

School Name: _____ **School District:** _____

Student Name: _____ **Student Email:** _____

Address: _____

Student Cell Phone: _____ **Student Home Phone:** _____

Date of Birth: ____/____/____ **U.S Citizen? Yes** _____ **No** _____

Are You Bilingual? _____ **If yes, what non-English language(s)?** _____

Party Political Preference: (CIRCLE One) DEMOCRAT REPUBLICAN NO PREFERENCE

STUDENT AGREEMENT:

I am pre-registered to vote. I am a student in good standing. I will have my own transportation to the poll site to which I am assigned. I will attend the 4-hour training session. I will arrive at my assigned poll site at 5:15AM on Tuesday, November 8th, 2022 and will remain there until the poll site is closed and the red bag has left to be taken back to the Board of Elections. **I have notified my teachers, coaches, and employers of my commitment. I have entered it in my calendar.**

Student Signature: _____ **Date:** _____

EVENT: ELECTION DAY	ASSIGNED POLLING LOCATION:
Date: Tuesday, November 8 th , 2022	To be determined.
Start Time: 5:15AM End Time: About 9:30PM	
Drinks/Meals: Not Provided. Students should bring breakfast, lunch, dinner, snacks, and water.	
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 site within Ulster County, within our city/town or nearby. I UNDERSTAND THAT MY STUDENT MAY PARTICIPATE ONLY IF ALL INFORMATION IS COMPLETED ON THIS FORM.	
Parent/Guardian Signature: _____	Date: _____
Parent/Guardian Phone Numbers: Day: _____ Evening: _____	