

Student Election Judge Volunteer Application

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ ZIP Code _____

Cell Phone _____ Other Preferred Phone _____

Email Address _____ High School _____

Birth Date ____ - ____ - ____ Gender _____

Languages Spoken: ☐ Hmong ☐ Spanish ☐ Somali ☐ Other

I understand that I must meet the following requirements to be eligible to participate in this program:

- Be 16 or 17 years old at the time of the election
- Be enrolled in a high school in Minnesota
- Have the approval of your parents/guardians and principal
- Be a U.S. citizen
- Be able to read, write and speak English

Signature of Student: _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

Signature of Teacher/Principal: _____ Date: _____

Teacher Information

Name: _____

Phone Number: _____

Position: _____