



**Parent/Guardian Permission and Notification Form
Student Poll Worker
Orange County Registrar of Voters
Voluntary Off-Campus Election Activity**

Mail/fax completed form to:
Registrar of Voters
P.O. Box 11298
Santa Ana, CA 92711
Fax (714) 567-7316
Attn: Election Services

The purpose of this form is to inform you, a parent/guardian, of a voluntary off-campus activity that will take place in the County of Orange and to secure your authorization enabling your son/daughter to participate in this activity.

Please **Print** All Information **Legibly** In Ink

School Name: _____

Student Name: (First) _____ (Last) _____

Student Address: _____

City: _____ Zip Code: _____

Telephone Number: (Home) _____ - _____ - _____ Alternate Number: _____ - _____ - _____

(Student contact information is for internal use only. Your contact information is kept confidential. We use a Student Poll Worker Direct Connect Service where the Inspector can contact you by entering an ID code that will direct them to the home number provided above.)

Email Address: _____

Date of Birth: ____/____/____ Are you a U.S. Citizen? Yes ____ No ____ Graduation Year: _____

**Must be at least 16 years of age at the time of the election to serve. Elections Code Section 12302)*

Other than English, do you speak another language: Yes ____ No ____ If Yes, which language: _____

Event Information

Date of Event: **Tuesday, June 7, 2011** Hours: **6:00 a.m. to approximately 9:00 p.m.**

Election Information: **San Juan Capistrano Special Municipal Election**

Nature of Field Activity: **Serve as Board Member on Election Day at a polling place in Orange County.**

Destination: **Polling Place in Orange County (Exact location to be specified at a later date).**

Dress: **Casual business attire** Provision for meals: **Meals are not provided**

School Official Verification

Student's GPA: _____ (must be minimum 2.5 to participate in program)

Approved by: _____
Name Title

Signature of School Official

Date

Parent/Guardian Permission

I have reviewed and understand the conditions of the voluntary off-campus activity described and give my consent for my son/daughter to participate. I understand every effort will be made to have the assigned polling place within our city or close by.

Transportation: Parent to provide: _____ Student _____ (Students who are permitted to drive shall not transport other students)

Signature of Parent/Guardian Date

Address

Home Phone Number Work Phone Number

For additional information visit www.ocvote.com or contact 714-567-7575