

Applications accepted on a rolling basis; apply ASAP.

**THREE (3) SIGNATURES REQUIRED: Student, Principal, and Parent or Guardian.**  
**TYPED SIGNATURES WILL RESULT IN A REJECTED APPLICATION.**

**Return completed forms via email to: [involved17@phila.gov](mailto:involved17@phila.gov)**

**Student's Information:**

Full Name: \_\_\_\_\_  
(FIRST AND LAST NAME)

Pronouns: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MONTH / DAY / YEAR)

Address: \_\_\_\_\_ School: \_\_\_\_\_  
(INCLUDE ZIP CODE)

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**As a student poll worker, I understand and agree that I am:**

Becoming a member of the Precinct Election Board

Committing to work from 6:30 AM to at least 8:30 PM on Election Day ( **4/23/2024** )

Acknowledging that I cannot show up late nor leave early

May need to travel to any part of the city, even if it is not close to my residence

Must attend virtual training, which is required

Responsible for providing accurate and full information on the Election Day payroll sheet. I understand that failure to fill out the payroll sheet will result in non-payment

**Bilingual Interpreter (optional):**

I speak \_\_\_\_\_ fluently, and would like to serve as an interpreter.  
( LANGUAGE )

I understand that by choosing to be an interpreter, I may be asked to work in an area that has a need or vacancy, and may require travel.

**BY SIGNING, YOU ARE ENSURING YOU HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS.**

\_\_\_\_\_  
SIGNATURE OF STUDENT                      SIGNATURE OF GUARDIAN                      SIGNATURE OF PRINCIPAL

\_\_\_\_\_  
DATE    DATE    DATE