

STUDENT POLLWORKER PROGRAM

NOMINATION FORM

CITY OF MIDDLETON



S T U D E N T	NAME:		
	HOME ADDRESS:		E-MAIL:
	CITY:	ZIP CODE:	DATE OF BIRTH:
	LANGUAGE:		PHONE:
	I UNDERSTAND THAT I MUST MEET THE FOLLOWING REQUIREMENTS TO BE ELIGIBLE FOR THIS PROGRAM:		
	<input checked="" type="checkbox"/> A HIGH SCHOOL STUDENT WITH A GPA OF AT LEAST 3.0 <input checked="" type="checkbox"/> UNITED STATES CITIZEN AT THE TIME OF THE ELECTION <input checked="" type="checkbox"/> AT LEAST 16 YEARS OF AGE AT THE TIME OF THE ELECTION <input checked="" type="checkbox"/> A STUDENT IN GOOD STANDING		
STUDENT SIGNATURE		DATE	

P A R E N T	NAME:	
	EMERGENCY PHONE NUMBER ON ELECTION DAY:	
	THIS IS TO GIVE PERMISSION FOR MY DAUGHTER/SON, NAMED ABOVE TO SERVE AS A POLL WORKER.	
	PARENT SIGNATURE	DATE

S C H O O L	TEACHER/ADMINISTRATOR:	
	HIGH SCHOOL:	
	CONTACT NUMBER:	
	AS A TECH/ADMINISTRATOR AT MIDDLETON HIGH SCHOOL, I VERIFY THAT THE ABOVE NAMED STUDENT MEETS THE ELGIBILITY REQUIREMENTS AND WOULD BE AN OUTSTANDING STUDENT POLL WORKER.	
	TEACHER/ADMINISTRATOR SIGNATURE	DATE

R E T U R N	CITY OF MIDDLETON
	CITY CLERK'S OFFICE
	7426 HUBBARD AVENUE
	MIDDLETON, WI 53562
	BY E-MAIL: lburns@cityofmiddleton.us

