



Student Election Assistant Application

I. Contact Information (Required)

Full Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

II. Eligibility (Required)

I certify that I am:

A citizen of the United States	YES	NO	17 years of age at the time of the election or primary for which I am applying	YES	NO
A resident of Wake County	YES	NO	Enrolled in a secondary education institution, including home school as defined by GS 115C-563(a), with an exemplary academic record as determined by the institution	YES	NO

If you answer "no" to any of the above questions, you do not qualify.

Please select how you wish to be compensated:

I wish to receive service credit* I wish to receive monetary payment

*** You must verify with your academic institution that working as a Student Election Assistant can count toward community service hours.**

I certify that I have read and understand the guidelines of the Student Election Assistant program, that I will follow them to the best of my abilities, and that the information provided above is correct.

Student Signature _____ Date _____

III. Enrollment Status Verification (Required)

Check one: **Principal** **Director** **Home School Educator**

Name: _____ School Name: _____

School Address: _____

Daytime Phone: _____ E-mail: _____

Signature _____

By my signature above, I am recommending this student to be a Student Election Assistant and certify that they are enrolled and have an exemplary academic record as defined by this institution.

IV. Parental Permission (Required)

Check one: **Parent** **Legal Custodian** **Guardian**

Full Name: _____ Phone: _____

Address: _____ E-mail: _____

Signature: _____

By my signature above, I am consenting for this student to be a Student Election Assistant.

Ways to return this application:

- 1) Scan and e-mail to elections@wakegov.com
- 2) Mail to PO Box 695, Raleigh, NC 27602