



Lake County Board of Elections and Registration

2293 North Main Street, Room 205
Crown Point, IN 46307
Phone: (219) 755-3795 Fax: (219) 755-3801
website: www.lakecountyin.org



APPLICATION

Lake County Board of Elections and Registration has approved the use of individuals 16 or 17 years of age to serve as any precinct election officer, other than the inspector, or assist any precinct election officer.

The individual must meet the following requirements and obtain the necessary approvals:

- (1) Is a citizen of the United States
- (2) Is a resident of Lake County
- (3) Is sixteen (16) or seventeen (17) years of age
- (4) Has a cumulative grade-point average equivalent to not less than 3.0 on a 4.0 scale
- (5) Has written approval of the principal of the school or if home schooled, the person responsible for the education of the student
- (6) Has written approval of the parent or guardian
- (7) Has or will attend poll worker training, if required as provided by the Lake County Board of Elections and Registration
- (8) Is otherwise eligible to serve as a precinct officer under IC 3-6-6-7

The individual must also meet the following requirements:

- (1) The individual shall be in attendance at the polling location for the entirety of Election Day. Therefore, the student shall notify all appropriate parties of his or her absence from school.
- (2) The individual must be able to provide their own transportation for the day.

Name of Student: _____

Date of Birth: _____ Phone Number: _____

Address: _____

School: _____

E-mail: _____

Affidavit of Authenticity

I certify that the applicant _____ has met all the above requirements and shall serve their duties as a poll worker to the best of their ability.

Signature of Student

Date

Signature of Principal

Date

Signature of Parent or Guardian

Date

NOTE: RETURN THIS FORM TO THE LAKE COUNTY BOARD OF ELECTIONS & REGISTRATION AFTER ALL SIGNATURES ARE CAPTURED

Office Use - Precinct Assigned: _____

Position Assigned: _____



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Student Feedback Form

Student's Name: _____

High School's Name: _____

Dear Student Poll Worker,

We are interested in your experience with *Election Day Student Poll Worker Program*. Please answer the following questions briefly, and feel free to add comments (Use the back of this form if necessary.)

Overall, how was your experience as a poll worker through Election Day Student Poll Worker Program?

What did you enjoy **MOST** about your experience?

What changes could be made to improve *Election Day Student Poll Worker Program*

If given the opportunity, would you serve as an Election Day poll worker again?

OTHER:
