

Student Election Assistant Application

I. Contact Informati	on (Require	ed)	
Full Name:			Date of Birth:
Address:			
Phone:			Email:
II. Eligibility (Requir	ed)		
I certify that I am:			
A citizen of the United States	YES		7 years of age at the time of the election YES NO pr primary for which I am applying
A resident of Wake County	YES	NO ir	Enrolled in a secondary education institution, ncluding home school as defined by GS 115C-563(a), YES NO with an exemplary academic record as determined by the institution
If you answer "no" to any of the above questions, you do not qualify.			
Select how you wish to be c	ompensated:		
I wish to receive serv	vice 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-m	nail:
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 Custo	dian	Guardian
Full Name:			Phone:
Address:			E-mail:
Signature: By my signature above, I am consenting	for this student to be	e a Student El	Election Assistant.

Ways to return this application:

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