



**Parent/Guardian Permission and Notification Form  
Student Poll Worker  
Orange County Registrar of Voters  
Voluntary Off-Campus Election Activity**

Mail/fax completed form to:  
Registrar of Voters  
P.O. Box 11298  
Santa Ana, CA 92711  
Fax (714) 567-7316  
Attn: Election Services

The purpose of this form is to inform you, a parent/guardian, of a voluntary off-campus activity that will take place in the County of Orange and to secure your authorization enabling your son/daughter to participate in this activity.

Please **Print** All Information **Legibly** In Ink

School Name: \_\_\_\_\_

Student Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Student contact information is for internal use only. Your contact information is kept confidential. We use a Student Poll Worker Direct Connect Service where the Inspector can contact you by entering an ID code that will direct them to the home number provided above.)

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you a U.S. Citizen? Yes \_\_\_\_ No \_\_\_\_ Graduation Year: \_\_\_\_\_

*\*Must be at least 16 years of age at the time of the election to serve. Elections Code Section 12302)*

Other than English, do you speak another language: Yes \_\_\_\_ No \_\_\_\_ If Yes, which language: \_\_\_\_\_

**Event Information**

Date of Event: **Tuesday, June 7, 2011** Hours: **6:00 a.m. to approximately 9:00 p.m.**

Election Information: **San Juan Capistrano Special Municipal Election**

Nature of Field Activity: **Serve as Board Member on Election Day at a polling place in Orange County.**

Destination: **Polling Place in Orange County (Exact location to be specified at a later date).**

Dress: **Casual business attire** Provision for meals: **Meals are not provided**

**School Official Verification**

Student's GPA: \_\_\_\_\_ (must be minimum 2.5 to participate in program)

Approved by: \_\_\_\_\_  
Name Title

Signature of School Official

Date

**Parent/Guardian Permission**

I have reviewed and understand the conditions of the voluntary off-campus activity described and give my consent for my son/daughter to participate. I understand every effort will be made to have the assigned polling place within our city or close by.

**Transportation:** Parent to provide: \_\_\_\_\_ Student \_\_\_\_\_ (Students who are permitted to drive shall not transport other students)

Signature of Parent/Guardian

Date

Address

Home Phone Number

Work Phone Number

For additional information visit [www.ocvote.com](http://www.ocvote.com) or contact 714-567-7575