

**EL PASO COUNTY, COLORADO
STUDENT ELECTION JUDGE APPLICATION**

NOTE: PLEASE PRINT THE FOLLOWING INFORMATION. ALL CERTIFICATIONS MUST ALSO BE COMPLETED IN ORDER TO BE CONSIDERED FOR APPOINTMENT AS A STUDENT ELECTION JUDGE

STUDENT NAME: _____

STUDENT ADDRESS: _____

CITY STATE ZIP

PHONE DATE OF BRITH

SCHOOL: _____

OR HOME SCHOOLED? ___ YES ___ NO

PLEASE ANSWER THE FOLLOWING QUESTIONS:

U.S. CITIZEN? ___ YES ___ NO
MENTALLY & PHYSICALLY ABLE TO PERFORM ASSIGNED TASKS?
___ YES ___ NO

WILLING AND ABLE TO ATTEND CLASS OF INSTRUCTION?
___ YES ___ NO

CONVICTIONS FOR FRAUD OR ELECTION OFFENSES?
___ YES ___ NO

FAMILY MEMBER A CANDIDATE?
___ YES ___ NO

ONCE YOU HAVE COMPLETED THIS FORM YOU CAN MAIL IT TO:

El Paso County Clerk & Recorder
Election Dept.
PO Box 2007
Colorado Springs, CO 80901-2007

OR YOU CAN FAX THE FORM TO:
520-7327

THANK YOU FOR YOUR INTEREST
IN THE STUDENT ELECTION JUDGES
PROGRAM!

THE FOLLOWING CERTIFICATIONS MUST BE COMPLETED AND SIGNED:

Student Applicant Certification: I CERTIFY THAT AT THE TIME OF THE ELECTION, I WILL BE AT LEAST 16 YEARS OLD AND A JUNIOR OR SENIOR IN A PUBLIC OR PRIVATE SCHOOL, OR EQUIVALENT IF HOME SCHOOLED, AND THAT I AM WILLING AND ABLE TO ATTEND A CLASS OF INSTRUCTION AND PERFORM THE ASSIGNED TASKS OF A STUDENT ELECTION JUDGE.

Student Applicant's Signature DATE

School Certification & Recommendation: I CERTIFY AND RECOMMEND THAT THIS STUDENT ELECTION JUDGE APPLICANT IS A STUDENT IN GOOD STANDING AT (NAME OF SCHOOL) _____ AND THAT THE APPLICANT IS OR WILL BE A JUNIOR OR SENIOR AT THE TIME OF THE ELECTION.

School Representative Signature DATE

Parent/Guardian Permission: I HEREBY CONSENT TO MY CHILD'S SERVICE AS A STUDENT ELECTION JUDGE.

Signature DATE