



## Student Election Judge Application

### 1. Applicant Information

First Name _____		Last Name _____		Social Security Number (last 4 digits only) _____	
Street Address _____		Unit/Apt # _____	City _____	State _____	Zip Code _____
Phone Number _____	Email _____	Name of High School _____		Grade _____	
Parent/Guardian Name _____			Parent/Guardian Phone number _____		

### 2. Questionnaire

1. Are you a United States Citizen, age sixteen (16) or older? Yes  No
2. Are you a resident of the City and County of Denver? Yes  No
3. Are you mentally and physically able and willing to perform assigned tasks? Yes  No
4. Do you have reliable transportation to and from work? Yes  No
5. Do you have a family member who is a candidate on the current ballot? Yes  No
6. Have you ever been convicted of election fraud or any other type of fraud? Yes  No
7. Are you fluent in a language other than English? Yes  No

*If yes, please list language(s):* \_\_\_\_\_

8. Please describe your computer skills: None  Minimal  Average  Expert

### 3. Availability

Describe your school schedule\*:  
(Include daily start and dismissal times). \_\_\_\_\_

Days/times available to work: \_\_\_\_\_

\* School schedule is considered when determining Student Election Judge assignments.

### 4. Submission Instructions

Mail, email or fax application & permission slip (Attn: Election Judge Coordinator) to:

**Denver Elections Division**  
200 W. 14<sup>th</sup> Ave., Suite 100  
Denver, CO 80204

**Email:** [poll.worker@denvergov.org](mailto:poll.worker@denvergov.org)  
**Fax:** 720-913-8600  
**Phone:** 720-865-4968

OVER →

**Denver Elections Division**  
**Student Election Judge Permission Slip**

*This permission slip must be completed and signed  
before a student can be considered for student election judge assignment.*

I certify that I am age sixteen (16) or older, am a Junior or Senior in a public or private high school, or equivalent if home schooled, and that I am willing and able to attend training sessions and to perform the assigned duties of a Denver Elections Division Student Election Judge. I understand that my signature serves as verification that the information provided on my application is true.

\_\_\_\_\_  
Student/Applicant Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parent/Guardian Consent**

I hereby consent to allow \_\_\_\_\_ to serve as a Student Election Judge and confirm that the applicant is age sixteen (16) or older.

Applicant's Name

\_\_\_\_\_  
Parent/Guardian Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**School Recommendation**

(To be completed by a School Official, Counselor or Teacher)

I recommend \_\_\_\_\_ for a Student Election Judge position and confirm that this student is a Junior or Senior, and in good standing at \_\_\_\_\_.

Applicant's Name

Name of School

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date