



OFFICE OF THE CLERK AND RECORDER | HON. PAUL D. LÓPEZ

CITY AND COUNTY OF DENVER | **DENVER ELECTIONS DIVISION**

Student Election Judge Application

1. Applicant Information

_____		_____		
First Name		Last Name		
_____		_____	_____	_____
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
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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. 14th Ave., Suite 100
Denver, CO 80204

Email: poll.worker@denvergov.org
Fax: 720-913-8600
Phone: 720-865-4968

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 my child to serve as a student election judge and affirm that they will be at least 16 years of age at the time of the election.

Parent/Guardian Name (Please print)

Signature

Date

School Recommendation

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

I certify and recommend that this student election judge applicant is a student in good standing and that the applicant is or will be a Junior or Senior at the time of the election.

Name (Please print)

Title

Signature

Date