



## Student Election Officer Program Nomination Form

**For Office Use Only:**

ID #: \_\_\_\_\_

Please print legibly and complete the entire form.

**An incomplete form will delay assignment. Wet signatures are required from all parties.**

<b>STUDENT</b>	Legal Name:		E-mail Address:
	First	Middle	Last
	Home Address, City, Zip Code:		Home Phone:
	Mailing Address, City, Zip Code:		Cell Phone:
	In addition to English, I am also fluent in:		<b>If 18 years old by Election Day, student must register to vote.</b>
	I will have transportation to and from my training class and to my assigned vote center. (Check one)      YES      NO		
Student's Signature:		Date:	

  

<b>PARENT/GUARDIAN</b>	Authorizing Parent/Guardian's Name:	
	Phone Number (We will contact this number in case of an emergency):	
	Parent/Guardian's Signature:	Date:

  

<b>TEACHER</b>	Nominating Teacher's Name:	Current GPA : <b>(Must be 2.5 or above in accordance with E.C. § 12302)</b>
	School Name:	Class in Which Student is Taught:
	School Address:	Contact Phone Number:
	E-mail Address:	Fax Number:
	Teacher's Signature:	Date:

**Return completed Nomination Form to:**

**Fax:**  
**(951) 486-7320**

**Mail:**  
County of Riverside  
Registrar of Voters  
Election Officers and Polls  
2724 Gateway Drive  
Riverside, CA 92507-0918

**Email:**  
**ROVpolls@rivco.org**

**If you have questions or concerns call (951) 486-7341**