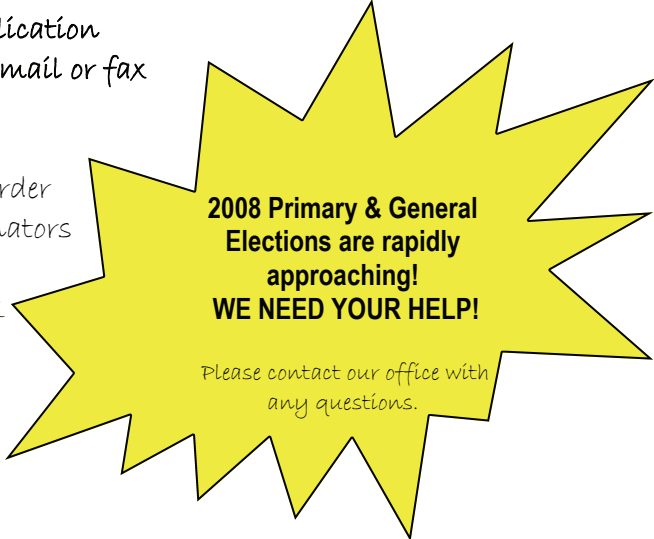


Office Use Only:
 W. Precinct: _____
 W. Polling Place: _____
 Assigned: Yes/No _____
 SC: _____
 H. Pct/HD: _____

El Paso County Election Judge Application
 Please complete all required fields and mail or fax
 your application to:
 Robert C. "Bob" Balink
 El Paso County Clerk and Recorder
 Attention: Election Judge Coordinators
 P.O. Box 2007
 Colorado Springs, CO 80901
 719-575-VOTE (8683)
 Fax: 719-520-7327



General Information (Please complete all the fields):

Name: _____ School Name: _____

School Information: Public School Private School Home School Grade: _____

Social Security Number: _____ - _____ - _____ (Required) Date of Birth : ____ / ____ / ____ (Required)

Address: _____

Mailing Address: _____

Phone Number: _____ Cell or Alternate Number: _____

Do you have reliable transportation to the polling place on Election Day and to the required training class? Yes No

Please Read and Sign the Following: 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, private school, or equivalent if home school; that I am a U.S. Citizen; that I am physically and mentally able to perform and complete assigned tasks; I will attend a class of instruction; that I have never been convicted of election fraud or any other offense or fraud; and I am not a candidate or immediate family member of a candidate running in the precinct I am serving in. (C.R.S. 1-6-101(7))

 Signature of Student (Required) Date

School Certification and Recommendation: I certify and recommend that this Student Election Judge Applicant is a student in good standing at _____ and that the applicant is or will be at least 16 years old and a junior or senior at the time of the election.

School Name _____

 Signature (Required) and Date Print Name and Contact Number

Parent/Guardian Permission: I hereby consent to my child's service as a Student Election Judge.

 Signature of Parent/Guardian (Required) and Date Print Name and Contact Number

