

Oconee County
Board of Elections and Voter Registration
Student Poll Manager Application
(Please fill out the form completely)

Name of High School: _____			
		<input type="radio"/> Junior	<input type="radio"/> Senior
Recommendation by 2 school teachers and/or administrators (Required)			
1. _____		2. _____	
(Mr./Ms.) <input type="checkbox"/>	first name	MI	last name

Street address <input type="checkbox"/>	city, state		zip code

Mailing address (if different) <input type="checkbox"/>	city, state		zip code

(Phone) Home: _____	Cell: _____	Other: _____	
Email: _____			
Date of Birth: _____			

PLEASE ANSWER THE FOLLOWING QUESTIONS: (yes or no)

- Do you have access to a computer with Internet? _____
- Do you have computer skills? _____
- Do you have Word Processing skills? _____
- Can you work at least 12 hours on Election Day? _____

"I affirm that the above information is true and accurate. I am a student at the above mentioned High School in South Carolina. I am prepared to provide unbiased, non-partisan assistance to the voters of Oconee County."

Signature _____ Date _____

Thank you for your interest in the election process!