



Franklin County
**BOARD OF
ELECTIONS**



This form represents a commitment from this student AND parent/guardian for participation in a voluntary, off-site school activity on Tuesday, November 4th, 2025.

THIS FORM IS TWO PAGES AND BOTH PAGES MUST BE COMPLETED.

STUDENTS - Please Print All Information and Sign Where Noted *IN INK*.

Your School: _____

Your Full Legal Name: _____

Date of Birth: _____ Political Party: _____

Home Address: _____

City: _____ Zip Code: _____

Cell Phone: _____

Personal Email: _____ *no school emails

**Social Security # _____ REQUIRED (FOR PAYROLL
PURPOSES ONLY)**

Students, please complete this section and check the appropriate line below:

☐ I am 18 or will be 18 on or before Nov 4th, 2025, and have attached a completed VOTER REGISTRATION Form. (Complete the form online. <https://olvr.ohiosos.gov/>)

☐ I ALREADY am registered to vote and have verified my registration status on the Franklin County Board of Elections website: (<http://vote.franklincountyohio.gov>)

☐ I am 17 and won't be 18 by Nov 4th, 2025, so I am submitting this application form ONLY.

Student Signature: _____ Date: _____

Signature of Parent/Guardian: _____



Page 2 must be completed in total

**Our signatures below indicate that my parent/guardian and I agree that:
(Please check)**

- ☐ I am a United States citizen and a resident of Franklin County.
- ☐ I will attend a 2-hour training session.
- ☐ I will work at my assigned polling location **ALL DAY Election Day, Tuesday, NOV 4th, from 5:30 a.m. until at least 8:30 p.m. or possibly later (when dismissed).**
- ☐ I will inform my teachers / coaches / employers that I will not be available at all on Tuesday, Nov 4th.
- ☐ I will have transportation to and from the polling location.
- ☐ I will work at any Franklin County voting location, many of which are places of worship. (Please indicate if, for religious reasons, you cannot work at a church / mosque / synagogue).

Student Signature: _____ **Date:** _____

***STUDENTS ARE ENCOURAGED TO BRING A BAG LUNCH, SNACK AND WATER**

Parent/Guardian Permission I have reviewed and understand the conditions of this voluntary off-site activity and give my consent for my child to participate. I give my permission for my student to be photographed at this event.

Signature of Parent/Guardian: _____

School Official Verification

Student is: ☐ Senior ☐ Junior

In good standing and will represent the school well? ☐ Y ☐ N

Faculty Sponsor: _____

Signature: _____