



**BRIANNA L. LENNON**  
**BOONE COUNTY CLERK**  
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(573) 886-4380

[POLLWORKER@BOONECOUNTYMO.ORG](mailto:POLLWORKER@BOONECOUNTYMO.ORG)

## YOUTH ELECTION PARTICIPANT STUDENT APPLICATION FORM

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

High School: \_\_\_\_\_

***Please initial your agreement to each statement:***

I understand that I am required to report to my assigned polling place by 5 AM on Election Day and to remain at the polling place until released by my supervisors after the polls close at 7 PM, except in the case of an emergency. \_\_\_\_\_

I understand that if I fail to complete my full Election Day responsibilities, I will forfeit the payment of \$150 for Youth Election Participants. \_\_\_\_\_

I understand that I will be excused from school on Election Day but will be responsible for any make-up schoolwork. \_\_\_\_\_

I agree to follow all lawful instructions from the County Clerk, elections staff, polling place supervisors, and law enforcement officers. \_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**School Administrator Signature**

\_\_\_\_\_  
**Date**