



**Brianna L. Lennon, Boone County Clerk**  
Boone County Government, Missouri  
801 E Walnut St, Rm 236, Columbia, MO 65201  
(573) 886-4380  
[pollworker@boonecountymo.org](mailto:pollworker@boonecountymo.org)  
[vote.boonemo.gov](http://vote.boonemo.gov)

## Youth Election Participant Application

### April 8, 2025 Election

**Application must be returned to [pollworker@boonecountymo.org](mailto:pollworker@boonecountymo.org) no later than Friday February 28, 2025.**

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 4:30 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***