

Commonwealth of Virginia – County of Fairfax
Election Page Application-2011

Please use the on-line fillable form to avoid processing delays. Fill out form completely.

Full Legal Name _____

Birthdate _____ High School _____

Government Teacher _____ Home Precinct (if known) _____

Address _____ Assigned Precinct _____
And Time _____ (Office Use Only)

_____ Assignment Number _____
(Office Use Only)

Phone (Home) _____ E-mail _____

Phone (Cell) _____

VERY IMPORTANT!! If your email service includes a spam blocker, make sure the provided email address can accept emails from fairfaxcounty.gov

Beside English, I am fluent in _____

Are you willing and do you have the transportation necessary to serve out of precinct *even if it takes an additional fifteen (15) minutes to get there?* _____

Is your parent/guardian an Election Officer serving in the November 8, 2011 election? _____

Training Dates: Sat. October 22 Sat. October 22 Mon. October 24 ****Wed. October 26**
[] 10:00-12:00 pm [] 1:00-3:00 pm [] 7:00 –9:00 pm [] 7:00 –9:00 pm

****All sessions will be held at the Fairfax County Government Center except for Wednesday, October 26 which will be held at the Mt. Vernon Government Center, located at 2511 Parkers Ln., Alexandria, VA**

Election Day Shifts: [] 5:00 am - 1:00 pm [] 12:30 pm - 8:00 pm. [] Either time

I understand that I am required to attend one of the training classes, prior to serving as an Election Page, and that I may not leave the polling place during my shift on Election Day. I understand that I may not be assigned in or near my home precinct and will provide my own transportation.

I certify that I am a citizen of the United States (mandatory).

Date _____ Student Signature _____

Parental/Guardian Approval

I have reviewed the application and my son/daughter _____ may participate in the Election Page program on November 8, 2011. *I understand that my student may not be assigned in or near their home precinct and will have to provide their own transportation.*

Date _____ Parent Signature _____

Government Teacher/Counselor Recommendation

I recommend this student for participation in the program.

Date _____ Teacher Signature _____

Print First and Last Name and E-mail Address of Teacher