

**Commonwealth of Virginia – County of Fairfax**  
**Student Election Officer Application-2011**  
**Additional Documentation Required –See “Information for Election**  
**Officers – Mandatory”**  
**(Registered Voters Only-Registration Deadline is October 17, 2011)**

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

High School \_\_\_\_\_ Government Teacher \_\_\_\_\_

Full (Legal) Name \_\_\_\_\_

Last 4 Digits of SSN (required) \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ **Confirmed Registration** \_\_\_\_\_  
\_\_\_\_\_  
**Assigned Precinct** \_\_\_\_\_  
(Office Use Only)  
(Office Use Only)

E-mail Address \_\_\_\_\_

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

Home Precinct (from Virginia Voter Identification Card) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Student Agreement**

\* I would like to represent the  Democratic Party  Republican Party  Either Party  
(if needed at the polls)

\*Virginia Election Law requires equal representation of the two major political parties in each polling place. Election Officers are assigned accordingly. (Section 24.2-115)

- I am or will be registered to vote no later than October 17, 2011.
- I understand that I must attend a training class prior to serving as an Election Officer. At that time, I will submit a completed I-9 form with required documentation.
- I understand that I am obligated to serve from 5:00 a.m. to closing (approximately 9:00 p.m.) on Election Day, and that I may not leave the polling place during the day.
- I am willing to work in either my home precinct or a nearby precinct and can provide my own transportation.
- I do not hold elected office, paid or unpaid, under the government of the United States, Virginia, or any Virginia County, City or Town, and am not the deputy or employee of an elected official.

Date \_\_\_\_\_  
Signature of Student Applicant

**Teacher Recommendation:**

I recommend \_\_\_\_\_ for the position of Election Officer.  
Student Name

Date \_\_\_\_\_  
Signature of Teacher or Counselor

**Print Name and E-mail of Teacher or Counselor**