

Sedgwick County Election Office

Laura Rainwater, Election Commissioner

Student Election Worker Application

(A letter of recommendation from a teacher, counselor, or administrator is required) There are a limited number of student election worker positions. The Election Office will notify students who have been selected by a letter of appointment.

Full Name:	Date of	Date of Birth:	
Street Address	s:		
City/State: TELEPHONE: (HOME) I am willing to re	(CELL) eceive text messages about training on my cell phone.	-	
Email Address	s:		
Name of Scho	ool Attending:		
Graduation Ye	ear: Election Date:		
I understand that in order to meet the legal requirements and to qualify as a participant in the Student Election Worker Program I must be:			
•	• at least 16 years of age at the time of the election at which I am serving as a member of the precinct board.		
•	a resident of Sedgwick County, with parent/guardian	n and school consent.	
I agree to provide a copy of my appointment letter to the school office in order to obtain an excused absence for the day. I will promptly notify the Election Office if I am unable to obtain an excused absence. It is my responsibility to collect and complete any and all school assignments for the day.			
Signature of S	Student	Date	
Parent/Guardi	ian Name		
	ontact Number		
Signature of P	Parent/Guardian	Date	
Signature of Parent/Guardian Date Date Sedgwick County Election Office, 510 N Main, Suite 101, Wichita, KS 67203			
		Rev 01/2024	