

Student Precinct Officer Program Nomination/Application Form

Student Information (Please print)

Student: _____
(First name) (Last Name)

Birth date: _____ Phone number: _____ Alternate number: _____

Address: _____ City: _____ Zip: _____

Mailing Address (if different then above): _____

Best time to contact you: _____



Emergency Information (Please print)

Parent/Guardian: _____
(First name) (Last Name)

Day phone: _____ Evening: _____

High School/Teacher/Counselor Information (Please print)

High School: _____

Mailing Address: _____

City: _____ Zip: _____

Name of Teacher or/Counselor: _____

Phone: _____ Fax: _____

Questions?
(707) 565-6816
(800) 750-8683
or e-mail:
polls@sonoma-county.org



The student above meets the following requirements to be eligible for this program:

- At least 16 years of age at the time of the election
- U.S. Citizen at the time of the election
- A high school senior with a grade point average of at least 2.5

Student: _____ Date: _____
(Signature)

Parent/Guardian: _____ Date: _____
(Signature)

Teacher/Counselor: _____ Date: _____
(Signature)

Please complete form and return promptly to Sonoma County Registrar of Voters, Attn: Lorna King: by mail at PO Box 11485 Santa Rosa, CA 95406, by Fax to (707) 565-6861 or in person at 435 Fiscal Dr. Santa Rosa, CA 95403.