

Montgomery County Board of Elections
Election Worker Program
18753 N. Frederick Avenue, #210
Gaithersburg, MD 20879

PERMISSION SLIP (for workers under 18 years)

Dear Parent/Guardian,

Your child has applied to serve as an Election Worker for Montgomery County. Persons under 18 years of age are required to have parental permission to serve. Your signature below gives consent for your child to participate in this vital, civic program. Please review the following expectations of service with your child so that this will be a fulfilling and successful experience. Election Workers agree to:

- Complete all required training (which includes 3 parts: quiz, online training and an in-person class),
- Protect the integrity and security of the election process,
- Follow all rules and procedures presented in training and provided by Board of Elections staff,
- No cell phone or electronic device usage while serving at a voting site,
- Dress in appropriate "Business Casual" attire and
- Arrive and depart at the times specified for the position selected (see our website for complete position descriptions):
 - Voting Operations/Bilingual Judge (VOP/SPN) — 6:00 am — 11:00 pm (or dismissed by Chief Judge)
 - Voting Operations Judge-A (VOP-A)— 6:00 am — 3:00 pm
 - Voting Operations Judge-B (VOP-B) — 2:00 pm — 11:00 pm (or dismissed by Chief Judge)
 - Election Night Support (ENS) — 7:30 pm — 12:30 am (next day)
 - Early Voting Judge (EVVOP/EVSPN) —6:00 am — 11:00 pm
 - Early Voting Judge-A (EVVOP-A) — 6:00 am — 3:00 pm
 - Early Voting Judge-B (EVVOP-B) — 2:00 pm — 11:00 pm

Your child has the option of receiving Student Service Learning (SSL) credits or being paid a stipend for their service. To receive payment, your child's social security number must be entered on their online application or provided online as an update to their Personal Data, using the EJ Connection.

By signing below, I give permission for my child to serve as an Election Worker for the Montgomery County Board of Elections.

Child's Full Legal Name _____ Child's Date of Birth _____

Address: _____

City, State, Zip: _____

Parent's Name _____ Parent's Signature _____

Date Signed: _____ Parent's Phone Number: _____

00E Use Only: (ver. 2/15/2022)

VID: _____ **HP:** _____ **SSL: circle (Y / N)** **Date SSN Received:** _____