

Jason M. Corwin  
*Director of Elections*



Darcell Terry  
*Deputy Registrar*

Mecklenburg County Voter Registration Office  
439 Madison Street | Boynton, VA 23917

Phone: (434) 738-6191 Ext. 4313 | Fax: (434) 738-6104

Website: [www.mecklenburgelections.com](http://www.mecklenburgelections.com) | E-mail: [mecklenburgelections@gmail.com](mailto:mecklenburgelections@gmail.com)

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## ELECTION DAY PAGE PROGRAM APPLICATION FORM

**Are you a U.S. Citizen? (Circle one): Yes or No**

(If No, you will be unable to participate in the program)

Please fill out completely:

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Email: \_\_\_\_\_

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

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### Mark preferred Shift to Serve

First Shift: 5:45 a.m. - 10:00 a.m.

Second Shift: 10:00 a.m. - 2:30 p.m.

Third Shift: 2:30 p.m. - 7:00 p.m.

If you would like to be assigned to work with your friend, please list their name below, and make sure they fill out a registration form, and send it to the Director of Election.

FRIEND'S NAME: \_\_\_\_\_

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### Student Agreement

I agree to participate in the Election Day Page Program, have a positive helping attitude, greet all voters in a kindly and friendly manner, be neatly groomed, attend training, follow instructions, and abide by all rules & regulations.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents and Sponsoring Teacher or Club Advisor on Reverse -->

### Parent/Guardian Approval

I give me permission for \_\_\_\_\_ to participate in the Election Page Program. **I understand that my child is responsible for their own transportation to and from the polling place and that they will be required to serve a full shift (either 5:45 a.m. - 10:00 a.m., 10:00 a.m. - 2:30 p.m., or 2:30 p.m. - 7:00 p.m.).**

Print Parent Name: \_\_\_\_\_

Number where you can be reached on Election Day: \_\_\_\_\_

In case of emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Teacher/Club Advisor Approval

I recommend \_\_\_\_\_ for participation in the Mecklenburg County Election Page Program.

Teacher/Club Advisor Printed Name: \_\_\_\_\_

Teacher/Club Advisor Signature: \_\_\_\_\_

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