



Student Poll Worker Application

June 2, 2026 - Statewide Direct Primary Election

REQUIREMENTS: ALL STUDENT APPLICATIONS MUST BE SIGNED BY A PARENT AND A TEACHER TO BE PROCESSED.

1. Be at least 16 years of age at the time of the election.
2. Be a United States Citizen or lawfully admitted for permanent residence in the United States.
3. You **must** participate in mandatory training.
4. Have a grade point average 2.5 or higher.
5. All applicants are cleared through Megan's Law.

Please print clearly.

S T U D E N T	First Name:		Last Name:		
	Address:		City:	Zip Code:	
	Phone #:		Cell Phone #:		
	Email (required):			Birthdate:	
	Note: The primary method of contact for all correspondence will be email or text.				
	High School:		GPA:		

Are you available to work all 2026 Elections? June 2, 2026 August 4, 2026 November 3, 2026

Check your preferred training time:

Monday, May 18, 2026	N/A	<input type="checkbox"/> 2:30 – 5:00 p.m.	N/A	N/A
Wednesday, May 20, 2026	<input type="checkbox"/> 9:30 a.m. – 12:00 p.m.	N/A	N/A	N/A
Thursday, May 21, 2026	<input type="checkbox"/> 9:30 a.m. – 12:00 p.m.	N/A	5:30 pm – 8:00 pm	<input type="checkbox"/> anytime

Check which area(s) you prefer to work:

<input type="checkbox"/> Marysville	<input type="checkbox"/> Plumas Lake	<input type="checkbox"/> Loma Rica	<input type="checkbox"/> Wheatland	<input type="checkbox"/> Camptonville
<input type="checkbox"/> Olivehurst	<input type="checkbox"/> Brownsville	<input type="checkbox"/> Browns Valley	<input type="checkbox"/> Dobbins/OH	

P A R E N T	Name:		Phone #:	
	I give permission for my child, named above, to serve as a Student Poll Worker.			
Parent Signature: _____		Date: _____		
T E A C H E R	Name:		Email:	
	High School:			
	I certify that, to the best of my knowledge, the above-named student meets the requirements to serve as a Student Poll Worker.			
Teacher Signature: _____		Date: _____		

I CERTIFY: The information on my application is true and correct and I understand I am making commitment to the Yuba County Elections Office and agree to notify the Elections Office should I be unable to fulfill my commitment.

Student Signature: _____ **Date:** _____

Submit Completed Applications by:

Mail Yuba County Elections
 915 8th Street, Suite 107
 Marysville, CA 95901

Email elections@yuba.gov

Fax (530) 749-7854

Online www.yuba.gov/pwapp

FOR OFFICIAL USE ONLY	Date Received: _____
Megan's Law check: Cleared: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Registration Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Initial email sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Entered in database: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Questions? Call (530) 749-7855