



OFFICE USE ONLY	DISTRICT: _____	WARD: _____
Recommended By: _____		

**SITE COORDINATOR APPLICATION
CITY OF MILWAUKEE ELECTION COMMISSION**

LAST NAME: _____ FIRST NAME: _____ M.I.: _____
 DATE OF BIRTH: _____ DAY PHONE: _____ EVENING PHONE: _____
 HOME ADDRESS: _____ APT. #: _____ CITY: _____ ZIP: _____
 MAILING ADDRESS: _____ E-MAIL ADDRESS: _____

Are you qualified to vote (check one)? YES NO
 (Qualifications: U.S. citizen, resident of the City of Milwaukee, at least 18 years of age, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting.)

Have you ever been convicted of a felony? YES NO

Have you ever been a Site Coordinator? YES NO If yes, where: _____

Do you speak a language other than English? YES NO If yes, please list: _____

Are you a City of Milwaukee resident? YES NO

Name of current employer: _____

Occupation/Job Title: _____

Are you currently, or have you ever, worked for the City of Milwaukee? YES NO
 If yes, include your Employee ID: _____

Hours available (check one):
 6:30 a.m. to 9:30 p.m. | 6:30 a.m. to 2:00 p.m. | 1:30 p.m. to 9:30 p.m.

Is there a specific polling site or side of town you prefer to work? _____

How did you hear about becoming a Site Coordinator? _____

**(Please read the following statement and sign and date on the specified line if in agreement.)
 IN SIGNING, I ATTEST THAT THE ABOVE INFORMATION IS ACCURATE AND THAT ANY
 FALSE STATEMENTS ON THIS APPLICATION WILL DISQUALIFY ME.**

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Return to: Election Commission
 City Hall, Room 501
 200 East Wells Street
 Milwaukee, WI 53202

For more information contact: **Theresa R. Gabriel**
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