

## MEMBER FACILITATOR APPLICATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Local No. \_\_\_\_\_

Home Ph. # \_\_\_\_\_

Work Ph. # \_\_\_\_\_

Cell Ph. # \_\_\_\_\_

E-mail \_\_\_\_\_

Date: \_\_\_\_\_

We are asking for the following information because CUPE wants to ensure that Member Facilitators represent the diversity of our membership. Providing this information is voluntary and will be kept confidential. This information will only be seen by the interview committee.

I am:

☐

Male

☐

Female

☐

Transgender

I am by virtue of my race or colour, a visible minority in Canada.

☐

YES

☐

NO

I am an indigenous (Aboriginal) person of North America.

☐

YES

☐

NO

I have a disability.

☐

YES

☐

NO

I consider myself a young worker.

☐

YES

☐

NO

I am:

☐

gay

☐

lesbian

☐

bisexual

☐

heterosexual

What languages do you speak, read and write including sign language.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Present roles/positions within CUPE:**

**I want to be a Member Facilitator and facilitate CUPE workshops because...**

**To me, the role of a good facilitator is...**

**The personal qualities, skills, abilities that I would bring to this role are...**

**My experiences and accomplishments within CUPE and in other areas of my life which contribute to my ability to be a Member Facilitator include....(please list, among other things, the CUPE Education courses that you have taken)**

**Other comments or information...**

**Please attach letter(s) of support from your local.**

**Please return your completed application by September 15, 2014.**

**Send to:**

Nicole Campbell  
Education Representative  
CUPE Manitoba Regional Office  
703-275 Broadway  
Winnipeg, MB R3C 4M6