

MEMBER FACILITATOR APPLICATION FORM

Name _____ Local No. _____
Address _____
City _____ Province _____ Postal Code _____
Telephone _____ (Type: Work Cell)
Email _____ Date _____

I want to be a Member Facilitator because...

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

List CUPE Union Education workshops you have taken, in person and online. Do you have a favourite and why?

Other relevant courses or workshops:

Are you interested in facilitating in person and online?

- In person
- Online
- Both

Tell us about your union and community involvement.

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

Are you able to obtain book-offs (union leave) in order to facilitate?

Yes

No

Self-identification (optional)

We are asking for the following information to assist in our continuing efforts to make our Member Facilitator Program more representative and more supportive of equity-seeking members. Providing this information is voluntary. This information will be kept confidential and only be seen by the interview committee.

Check if YES

- I am an Indigenous (Aboriginal) person who identifies with First Nations (status | non-status) Métis or Inuit ancestry and/or cultural background
- I identify as a person of colour and/or racialized person
- I identify as a person with disability
- I consider myself a young worker

What is your gender?

- | | | |
|--------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Man | <input type="checkbox"/> Transgender | <input type="checkbox"/> Non-binary |
| <input type="checkbox"/> Woman | <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Two Spirit |

I am:

- | | | |
|----------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Gay | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Two Spirit |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Queer |

Please attach letters of support from staff or activists: your National Servicing Rep or other CUPE staff you have worked with, local leaders or activists, community activists.

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