

MEMBER FACILITATOR APPLICATION FORM

Name _____ Local No. _____

Address _____

City _____ Postal Code _____

Phone (work) _____ Phone (Cell) _____

E-mail _____ Date _____

Self-identification

We are asking for the following information to ensure diversity within our Member facilitator program. Providing this information is voluntary and will be kept confidential. This information will only be seen by the interview committee.

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Woman | <input type="checkbox"/> Racialized |
| <input type="checkbox"/> Non-binary gender | <input type="checkbox"/> Living with a disability |
| <input type="checkbox"/> Trans | <input type="checkbox"/> Aboriginal/Indigenous |
| <input type="checkbox"/> Gay, Lesbian, Bisexual | <input type="checkbox"/> Young Worker (30 and under) |
| <input type="checkbox"/> Queer | |

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

Are you able to obtain book-offs in order to facilitate outside your local?

- Yes No

Past and present roles/positions within CUPE and/or within my community:

CUPE Courses / workshops I have taken

Other non-CUPE union workshops

To be a good facilitator...

I want to be a Member Facilitator because...

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

The types of workshops I would be interested in facilitating and why

Please attach letter(s) of support from your local and/or trade unionists or fellow community activist.

Please return your completed application by **Wednesday, May 26th, 2021** to:

Michelle Cohen (mcohen@cupe.ca), Education Representative – Atlantic.

:rdt/cope491