



## **HEU Application Form**

### **Building Organizing Capacity Workshop**

**March 20-21, 2018**

**HEU Provincial Office, Burnaby**

**YOUR NAME:** \_\_\_\_\_

**Deadline: Thursday, February 7<sup>th</sup>, 2018 at 5 p.m.**

**PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

*Send application (complete **ALL** pages **CLEARLY**) by fax or mail:*

**FAX:** 604-739-1510

**EMAIL:** [jcruz@heu.org](mailto:jcruz@heu.org)

**MAIL:** HEU Provincial Office  
5000 North Fraser Way  
Burnaby, B.C. V5J 5M3  
**ATTENTION: JAMIE CRUZ**

**DATE SENT:** \_\_\_\_\_ **# OF PAGES:** \_\_\_\_\_

**HEU Building Organizing Capacity Workshop 2018**  
**PLEASE PRINT CLEARLY AND IN DARK INK**

**SECTION A – APPLICANT’S PERSONAL INFORMATION**

I identify my gender as: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Have you recently moved?  Yes  No If yes, when? \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone (include ext#): \_\_\_\_\_ Extension: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dept: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Site: \_\_\_\_\_

Local: \_\_\_\_\_

Employment Status:  Full-time  Part-time  Casual

What union position (if any) do you hold at your local? \_\_\_\_\_

Region:  Fraser  Interior  Vancouver Coastal (includes PHSA)  
 North  Vancouver Island

Do you identify as a member of any of the following equity-seeking groups or youth?

- LGBTQ2S  Indigenous (First Nations)  People with disAbilities  
 Person of Colour (Ethnic Diversity)  Women  Youth (33 years or younger)

Emergency contact (Name & Phone): \_\_\_\_\_

**Medical Condition /Special Accommodation**

Do you have any medical condition(s) that would require special accommodation during your attendance? Yes  No

If yes, please explain what accommodations are required. (Doctor’s note may be required.)

**SECTION B – APPLICANTS QUESTIONNAIRE**

**This is a follow up workshop for members to build on what they learned in Fall School and/or Young Workers Conference in 2017. Which conferences did you participate last year?**

- Fall School 2017
- Young Workers Conference 2017

**What interests you in participating in the Building Organizing Capacity Workshop?**

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**If you are currently active or involved in any community groups, coalitions, political organizations, or equity groups in your community (i.e. LGBTQ2S advocacy groups, Indigenous communities, Cultural Advisory Committees, Women’s Organizations, Council of Canadian etc.), please describe your involvement.**

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**If you are currently involved in Union related activity at your workplace or with your HEU Local, please describe your involvement.**

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**Is there anyone else applying from your Local to participate the workshop? If so, what is their name?**

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

You will be notified by mail, if your application is accepted.

Due to the limited amount of space, we may not be able to accept all applications. You will be notified by mail, if you are not successful.

**SECTION C – LOCAL ENDORSEMENT**

*This section must be signed by your local Chairperson or Secretary-Treasurer.*

HEU Member Name: \_\_\_\_\_

HEU Local: \_\_\_\_\_

Date of Course/Workshop/Conference: \_\_\_\_\_

Location of Course/Workshop/Conference: \_\_\_\_\_

This is to confirm applicant is a member in good standing.

\_\_\_\_\_  
Local Chairperson or Secretary-Treasurer (please print your name)

\_\_\_\_\_  
Signature of Local Chairperson or Secretary-Treasurer

\_\_\_\_\_  
Date