



# HEU Application Form

## Chief Shop Steward 2019

One-Day Workshop for Chief Shop Stewards, Steward Coordinators, or Site-specific Representatives

<u>Workshop Date</u>	<u>Location</u>	<u>Application Deadline</u>
September 26, 2019	<b>Kamloops</b>	<i>August 15, 2019</i>
October 24, 2019	<b>Victoria</b>	<i>September 12, 2019</i>
October 31, 2019	<b>Burnaby</b>	<i>September 19, 2019</i>

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

1. Get application form from the Local or the HEU website at [www.heu.org](http://www.heu.org)
2. Form **must be** signed by Local Chairperson or Secretary-Treasurer

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

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

**FAX:** 604-739-1510

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

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

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

# Chief Shop Steward Workshop 2019

PLEASE PRINT CLEARLY IN DARK INK

## SECTION A – PERSONAL INFORMATION

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: \_\_\_\_\_

*e.g. Northern Health, PHSA, Sodexo, Well-Being e.g. VGH, Beacon Hill Villa, Reids Corner*

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

Employment Status:  Full-time  Part-time  Casual

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

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

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

- LGBTQ2S+  Indigenous  People with disAbilities  Person of Colour  
 Women  Young Worker (33 years or younger)

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

### Medical Condition /Special Accommodation

Do you have any medical condition(s) or require special accommodations that we should be aware of, that could impact your ability to participate in this event? Yes  No

If yes, please briefly explain. (In some cases, a Physician's note may be required)

\_\_\_\_\_

**SECTION B – QUESTIONNAIRE**

How long have you been a shop steward? (please describe your experience)

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Please check the box of the position you currently hold and for how long:

Chief Shop Steward                        Since: \_\_\_\_\_  
Steward Coordinator                    Since: \_\_\_\_\_  
Site-Specific Representative           Since: \_\_\_\_\_

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**Signature of Applicant**

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**Date**

*Due to a limited amount of space, we may not be able to accept all applications. You will be notified by mail, whether accepted or not accepted.*

**SECTION C – LOCAL ENDORSEMENT**

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

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

**This application must be signed by your Local Chairperson or Secretary-Treasurer.**

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

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**Signature of Local Chairperson or Secretary-Treasurer**

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**Date**