



## **HEU Application Form**

### **Truth and Reconciliation Workshop June 7, 2018**

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

**Deadline: Thursday, May 3, 2018 at 5:00 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**

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

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

**Truth and Reconciliation Workshop 2018**  
**PLEASE PRINT CLEARLY AND IN DARK INK**

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: ☐ North ☐ Interior ☐ Vancouver Coastal (includes PHSA)  
☐ Fraser ☐ 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): \_\_\_\_\_

**Why is truth and reconciliation important to the union?**

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**Why do you want to attend this workshop?**

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Signature of Applicant

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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.

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

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

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

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

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

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