



## HEU Application Form

### Truth and Reconciliation Workshop November 4 & 5, 2019

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

**Deadline: Thursday, September 26, 2019 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](mailto: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 2019**  
**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

\_\_\_\_\_  
Date

You will be notified by mail, if you 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.**

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

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

\_\_\_\_\_  
Date