

COMMITTEE EXPRESSION OF INTEREST FORM

-please print clearly-

Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Place of Employment (affiliated with SEIU-West):

If you have interest in more than one committee, please rank them according to preference – 1 being your top preference:

Aboriginal

Education

Organizing

X

Nursing Care

Political Action & Awareness

Retirees

Worker Safety

Worker of Colour

Young Workers
(must be under 35)

Were you or are you currently active in the union as a steward or as a unit officer? Yes No

If yes, in what position(s) and for how long?

Do you regularly attend your unit union meetings? Yes No

Do you have any experience sitting on SEIU-West or other union committees? Yes No

How do you think this Committee will benefit you in your workplace or as an elected representative within your unit?

Date Submitted: _____