

# 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:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Aboriginal

Education

Organizing

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Nursing Care

Political Action & Awareness

Retirees

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

Worker Safety

Multicultural  
Mentorship

Young Workers  
(must be under 35)

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: \_\_\_\_\_