

# Expression of Interest Form

## SFL Committees

Form must be received by SEIU-West on or before November 23, 2018.

PLEASE PRINT CLEARLY

<b>Your Name:</b>	
<b>Home Address &amp; Postal Code:</b>	
<b>Phone Numbers:</b>	<b>Home:</b> <b>Cell:</b> <b>Work:</b>
<b>E-mail:</b>	

**Place of Employment (affiliated with SEIU-West):**

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**Are you currently active in the union as a steward or officer within your Unit?**

Yes   or   No      (circle one)

**If yes, in which union position(s) and for how long?**

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**Which SFL Committee are you applying for (select one)**

<input type="checkbox"/> Education	<input type="checkbox"/> Solidarity & Pride
<input type="checkbox"/> Indigenous (formerly Aboriginal);	<input type="checkbox"/> Woman's
<input type="checkbox"/> OH&S/Worker's Compensation	<input type="checkbox"/> Worker of Colour
<input type="checkbox"/> Pensions & Benefits	<input type="checkbox"/> Young Worker (under 30 years)

**What specific experience/knowledge do you have that relates to the committee you are applying for?**

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**Have you attended Union conferences/events before?**

Yes   or   No      (circle one)



Saskatoon Office: #200-747 46<sup>th</sup> Street W Saskatoon, SK S7L 6A1

Email: [neil.colmin@seiuwest.ca](mailto:neil.colmin@seiuwest.ca)

Fax: 1-877-221-2212

**SEIU-West Expression of Interest Form  
SFL Committees**

If yes, which union conferences/events have you attended?

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Do you regularly attend your Unit union meetings and events?

Yes or No (circle one)

What specific skills/abilities/experience do you feel you can provide in this role on the SFL committee?

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What do you personally hope to gain from participation on the SFL committee?

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What do you hope to learn that you can share with SEIU-West members?

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**Voluntary Self-Declaration Questions:**

Gender: \_\_\_\_\_

I am a (circle as many as pertain):

- |                          |                                                                |                          |                              |
|--------------------------|----------------------------------------------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | person of Indigenous ancestry                                  | <input type="checkbox"/> | worker of color              |
| <input type="checkbox"/> | person with disability                                         | <input type="checkbox"/> | young worker (29 or younger) |
| <input type="checkbox"/> | person who self-identifies as a member of the LGBTQ* community |                          |                              |

Date Submitted: \_\_\_\_\_



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