



MEMBER FACILITATOR APPLICATION FORM

Name _____

Address _____ City _____

Postal Code _____ Local No. _____

Home Ph. # _____ Work Ph. # _____ Cell Ph. # _____

E-mail _____ Date: _____

We are asking for the following information because CUPE wants to ensure that Member Facilitators represent the diversity of our membership. Providing this information is voluntary and will be kept confidential. This information will only be seen by the interview committee.

I am:

Male Female Transgender

I am by virtue of my race or colour, a visible minority in Canada.

YES NO

I am an indigenous (Aboriginal) person of North America.

YES NO

I have a disability.

YES NO

I consider myself a young worker.

YES NO

I am:

gay lesbian bisexual heterosexual

What languages do you speak, read and write including sign language.

Present roles/positions within CUPE:

I want to be a Member Facilitator and facilitate CUPE workshops because...

To me, the role of a good facilitator is...

The personal qualities, skills, abilities that I would bring to this role are...

My experiences and accomplishments within CUPE and in other areas of my life which contribute to my ability to be a Member Facilitator include....(please list, among other things, the CUPE Education courses that you have taken)

Other comments or information...

Please attach letter(s) of support from your local.

Please return your completed application by January 9, 2012. Send to:

Ann Robins
Education Representative
CUPE Manitoba Regional Office
703-275 Broadway
Winnipeg, MB R3C 4M6