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| YOUTH COMMITTEEApplication Form |
| **Employee ID**: Click or tap here to enter text. | **Gender Identity**: M [ ]  F [ ]  X [ ]   |
| **First Name**:Click or tap here to enter text.**Last Name**:Click or tap here to enter text. | **Date of Birth**: day/month/yearClick or tap here to enter text. |
| **Preferred name:** Click or tap here to enter text.  | **Equity Group you self-identify with:** Indigenous: [ ] Worker of Colour: [ ] LGBTQ+: [ ] Differently-Abled : [ ]  |
| **Local:** Click or tap here to enter text. | **Region:**Click or tap here to enter text. |
| **Home Address:**Click or tap here to enter text. | **Mobile:**Click or tap here to enter text. |
| **City, Province:**Click or tap here to enter text. | **Home Phone:**Click or tap here to enter text. |
| **Postal Code:**Click or tap here to enter text. | **E-mail:**Click or tap here to enter text. |
| **Best Method to be Contacted**: E-mail: [ ]  Phone: [ ]  | **Best Time to be Contacted**:Morning: [ ] Afternoon: [ ]  Evening: [ ]  |
| **LANGUAGES:** |
| **English:**Read [ ] Spoken [ ] Written [ ]  | **French:**Read [ ] Spoken [ ] Written [ ]  |
| **Other:**Read [ ] Spoken [ ] Written [ ]  |  |

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| **CUPW Courses Taken:** (add rows if required) |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| **CUPW Positions Held:** (add rows if required) |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| **Write a 250-word essay to tell us why you would like to take part in the Youth Committee.** |
| *You may use a separate sheet and submit with the application.* |
| **You may send the application form and the essay separately as attachments to:****Lmorin@CUPW-STTP.org** |

*April 18, 2024*

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