

# YOUTH COMMITTEE

## Application Form

<b>Employee ID:</b>	<b>Gender Identity:</b> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>
<b>First Name:</b>	<b>Date of Birth:</b>
<b>Last Name:</b>	day/month/year
<b>Preferred name:</b>	<b>Equity Group you self-identify with:</b>
	Indigenous: <input type="checkbox"/> Worker of Colour: <input type="checkbox"/> LGBTQ+: <input type="checkbox"/> Differently-Abled : <input type="checkbox"/>
<b>Local:</b>	<b>Region:</b>
<b>Home Address:</b>	<b>Mobile:</b>
<b>City, Province:</b>	<b>Home Phone:</b>
<b>Postal Code:</b>	<b>E-mail:</b>
<b>Best Method to be Contacted:</b>	<b>Best Time to be Contacted:</b>
E-mail: <input type="checkbox"/> Phone: <input type="checkbox"/>	Morning: <input type="checkbox"/> Afternoon: <input type="checkbox"/> Evening: <input type="checkbox"/>
<b>LANGUAGES:</b>	
<b>English:</b>	<b>French:</b>
Read <input type="checkbox"/>	Read <input type="checkbox"/>
Spoken <input type="checkbox"/>	Spoken <input type="checkbox"/>
Written <input type="checkbox"/>	Written <input type="checkbox"/>
<b>Other:</b>	
Read <input type="checkbox"/>	
Spoken <input type="checkbox"/>	
Written <input type="checkbox"/>	

**CUPW Courses Taken:** (add rows if required)

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**CUPW Positions Held:** (add rows if required)

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**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](mailto:Lmorin@CUPW-STTP.org)