

**MEMBER FACILITATOR APPLICATION FORM
ONTARIO REGION 2025**

Deadline for submission of application is March 4, 2025

Date of application _____

Name _____

Local # /Area Office _____

Unit Name/Employer _____

Home Address _____

City/Prov/PC _____

Email _____

Phone Numbers Home: _____ Cell: _____

1. I want to be a Member Facilitator because...

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

3. List CUPE Union Education workshops you have taken, in person and online. Do you have a favourite and why?

4. Other courses or workshops that are relevant to your application to be a Member Facilitator:

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

6. Are you able to obtain book-offs (union leave) in order to facilitate?

- Yes, I am able to obtain book-offs
- No, I am not able to obtain book-offs
- I can facilitate on my days off (not vacation or sick leave)

7. Please attach letters of support from staff or activists, such as your National Servicing Rep or other CUPE staff you have worked with, local leaders or activists, and community activists.

Please submit your application to Cidalia Ribeiro at cribeiro@cupe.ca. The deadline for submissions is March 4, 2025.

Self-identification

We are asking for the following information to assist in our continuing efforts to make our Member Facilitator Program more representative and more supportive of equity-seeking members. Providing this information is voluntary. This information will be kept confidential and only be seen by the interview committee.

Please select all that apply:

	Yes	No	Prefer not to answer
I am an Indigenous person (First Nation, Métis or Inuit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a Black Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a racialized person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a person with disability or disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a member of the 2SLGBTQI+ community (Two-Spirit, lesbian, gay, bisexual, trans, queer, Intersex, or other identities not listed here)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I prefer to self-describe _____

What is your gender? Gender refers to your current gender, which may be different from your sex assigned at birth and from what is indicated on your legal documents.

- Woman
 Intersex
 Two-Spirit
 Man
 Trans
 Non-binary/Genderqueer
 I prefer to self-describe _____
 Prefer not to answer