



SEIU LOCAL 517M LEADERSHIP ACADEMY APPLICATION

POTENTIAL MEMBER LEADER PARTICIPANT SHOULD FILL OUT THIS APPLICATION WITH THEIR ASSIGNED LABOR REPRESENTATIVE. PLEASE SUBMIT A WRITTEN SUMMARY EXPLAINING WHY YOU WANT TO COMMIT TO THE SEIU LEADERSHIP ACADEMY AND ATTACH TO THIS FORM. EMAIL COMPLETED FORM AND ATTACHED SUMMARY TO: SEIU517M@HOTMAIL.COM

Please select the Division you are from: School / Local Government Division State Employee Division

Bargaining Unit / Chapter / Employer: _____

How many years an SEIU Union member: _____ 517M Assigned Labor Rep: _____

MEMBER INFORMATION:

Full Name: _____

Home Address: _____

City: _____ Zip: _____

Cellphone: (____) _____ - _____ Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____ Email: _____

Date of Birth: ____/____/____ Race/Ethnicity (optional): _____

Gender: Female Male Prefer not to say

Do you have a valid driver's license? Yes No

Are you registered to vote? Yes No

Do you contribute to COPE? Yes No

PLEASE RATE YOUR CONFIDENCE / EXPERIENCE USING A 1 – 4 SCALE:

1 = VERY CONFIDENT 2 = SOMEWHAT CONFIDENT 3 = MINIMAL EXPERIENCE 4 = NO EXPERIENCE

Computer Skills: 1 2 3 4

Public Speaking: 1 2 3 4

LEVEL OF UNION ACTIVIST EXPERIENCE:

Check all that apply:

- Lobby Day Volunteer Recruitment Canvassing Attend Union Meetings
- Phone Banking COPE Sign-Ups Member Sign-ups Current SEIU Elected Leader
- Attended SEIU Trainings Facilitated Trainings
- Grievance Handling Attended SEIU Events /Actions

SIGNATURE: _____

DATE: _____