



APPLICATION TO PICKET – CITY UNIT

Please complete and email to: office@cupe5167.org

First Name:

Last Name:

Home Address:

City:

Postal Code:

CELL Phone:

Personal eMail:

Job Classification:

Work Location:

Please check all that apply:

I understand I must participate in 20 hours per week of strike action to receive strike pay.

I have registered for eblasts (membership emails).

I understand my personal email will be used for communicating strike action (picket emails).

I am willing to be a Picket Captain (Site lead, coordinate sign in, etc.)

I have my own transportation.

I am willing to carpool. I consent to giving my contact number to another member.

I will require an accommodation.

Accommodation details (Limited walking, standing, etc.)

Emergency Contact:

CELL Phone:

Relationship:

*In the event of injury.

FOR STRIKE COMMITTEE USE ONLY:

Excel Line Number: _____

Picket location: _____

Picket time: _____ Picket Captain: _____

Accommodation (if required) _____