



APPLICATION FORM

PLEASE PRINT

Assistants, Poll Clerks

Successful applicants will be required to be in attendance from Sunday, August 12, 2012 to Thursday, August 16, 2012 inclusive.

I am seeking appointment to the following position(s) at the ETFO Annual Meeting.

Please check appropriate boxes.

Position	<input type="checkbox"/> ASSISTANT	<input type="checkbox"/> POLL CLERK
Membership	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ASSOCIATE
	<input type="checkbox"/> HONORARY LIFE	<input type="checkbox"/> RETIRED DURING 2011-2012

APPLICANT INFORMATION

NAME _____	LOCAL _____
MEMBERSHIP # _____	CIRCLE ONE TEACHER OT ESP PSP DECE
HOME ADDRESS _____	
SUMMER ADDRESS _____	
HOME PHONE _____	E-MAIL _____
SCHOOL PHONE _____	FAX _____
SUMMER PHONE _____	FAX _____
SIGNATURE _____	DATE _____

APPLICABLE EXPERIENCE

TOTAL YEARS:

Teaching _____ Working in Education _____

Other Experience _____

Additional Space on Back

RETURN TO: **JIM WHITE
COORDINATOR
PROTECTIVE SERVICES**

**DEADLINE:
MARCH 1, 2012**

480 University Avenue, Suite 1000
Toronto, Ontario M5G 1V2
416-962-3836 ext. 2272
1-888-838-3836
Fax 416-642-2424
jwhite@etfo.org

SELF-IDENTIFICATION

MEMBER SELF-IDENTIFICATION ALLOWS ETFO TO ACHIEVE A CRITICAL GOAL, SUPPORTING, AND ENCOURAGING THE PARTICIPATION OF ALL MEMBERS IN ETFO PROGRAMS, SERVICES, AND EVENTS.

BY COMPLETING THIS SECTION, ETFO WILL BE ABLE TO UNDERTAKE THE NECESSARY STATISTICAL ANALYSIS TO ACHIEVE THIS GOAL. ALL INFORMATION COLLECTED AND THE REPORTING OF STATISTICAL DATA WILL ENSURE FULL CONFIDENTIALITY OF ALL MEMBERS. ALTHOUGH THE COMPLETION OF THIS SECTION IS VOLUNTARY, ETFO ENCOURAGES MEMBERS TO SELF-IDENTIFY.

Self-identification: Aboriginal disabled lesbian, gay, bisexual, transgender racialized group woman

