



Lethbridge Support Workers Local 2843 Member Information Sheet

Please Print Clearly

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

Cell Number: _____ Personal Email: _____

Work Location: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Alt Phone: _____

Do you have non-school age children? Yes No Age(s): _____

Will you have childcare available during your picket duty shift? Yes No

Your participation is key to our success. Would you volunteer for one of the following?

Picket Captain Yes No

Strike Committee Yes No

Hype Crew Yes No

Car-pooling to picket locations Yes No

Do you have skills that would be useful during a strike? (such as data entry, art skills or social media)

Are you first aid certified? Yes No

Do you have any special needs or require accommodations? (such as limited standing or walking)
My limitations and restrictions are:

Any life-threatening allergies? No Yes (list) _____