

Strike Survey Form 2008

Personal Information

First Name: _____ Last Name: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Home Email: _____

Job Information

Job Title: _____ Department: _____

Work Phone Number _____ Extension _____ Work Email _____

What campus are you from? _____

Is there another campus you would like to picket at? _____

Strike Duty Information

OPSEU policy requires 20 hours per week of strike duties to qualify for strike pay. These duties can be just picket duty or a combination of Picket duty or sub committee activities. Please see your Local Executive for more details.

Do you require religious accommodation?: _____

Do you require physical accommodation?: _____

What strike activities would you participate in?: (see duties below)

Please indicate with "Y" for Yes

Picket Duty ____ Picket Captain ____ Picket Marshall ____ Strike Duties Sub Committee ____

Finances Sub Committee ____ Communications Sub Committee ____

Other activity (specify): _____

Would you be a Phone Tree Caller?: _____ Are you First Aid trained? _____

Are you CPR trained?: _____ Are you ECE certified?: _____

Are you willing to assist in Daycare?: _____

What shift arrangements would you prefer (if possible)?:(Circle one): Morning Afternoon

What days do you want? (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday Any day

If we can arrange cross College picketing what College would you prefer to picket at?:

Information For Strike Pay

Number of Dependants: _____ Number of Pre-Schoolers: _____

Number of Dependants Under 10: _____ Will Daycare be needed?: _____

Dependant 1 Name _____ Relationship to member _____ Date of Birth _____

Dependant 2 Name _____ Relationship to member _____ Date of Birth _____

Dependant 3 Name _____ Relationship to member _____ Date of Birth _____

Dependant 4 Name _____ Relationship to member _____ Date of Birth _____

Dependant 5 Name _____ Relationship to member _____ Date of Birth _____

Dependant 6 Name _____ Relationship to member _____ Date of Birth _____

Scrounge List

Are you able to supply (or have any contacts that could) any of the following? (Circle those that apply)

Cell Phone Signs Pick up truck Trailer Tent Portable Toilets Megaphone

Noise Makers Whistles Barrels Generator Coffee Maker BBQ First Aid Kit Pylons

Flares Locks Flashlights Clipboards Towels Rain Gear

Other: _____