



FOR OFFICE USE ONLY
DATE RECEIVED _____
By Staff Member _____

NON-MANAGEMENT UNIT STEWARD APPLICATION

PLEASE PRINT

1. Name _____ Position Title _____
2. Department _____ Division _____
Town/City _____
3. Home Mailing Address: _____ Work Mailing Address: _____

Home Phone # _____ Work Phone # _____
Home E-Mail _____ Work E-Mail _____
4. How many years have you been: (a) a state employee _____
(b) a VSEA member _____
5. List any VSEA activities/offices in which you have participated: _____

6. Do you attend your local VSEA Chapter meetings? Yes _____ No _____ If no, please explain why not: _____
7. How many employees (approx.) are: (a) at your work-site? _____
(b) in your building? _____
8. How many departments are in your building? _____. Please list these departments:

(Please complete the second side of this application)

9. What are your work hours? If you are on shift work or a flex-time schedule, please explain your hours/days: _____

10. Please explain why you wish to serve as a VSEA steward (use additional sheets if needed): _____

11. List three (3) references from VSEA members:

_____	Phone # _____
_____	Phone # _____
_____	Phone # _____

12. Who is your VSEA Field Representative? _____

You will receive a letter advising whether or not you have been appointed as a Non-Management Unit Steward. Stewards are appointed to three (3) year terms.

Stewards are required to attend training as scheduled by the VSEA Office and can not represent members until this training has been successfully completed. Stewards must inform the VSEA office of any change in address or work location/department.

VSEA steward positions are not transferable to other worksites/departments/geographic areas without the express written approval of your bargaining unit Executive Committee.

Please mail this application to VSEA, PO Box 518, Montpelier, VT 05601-0518. If you have any questions concerning this application or the role of a VSEA steward, please contact the Non-Management Unit Staff Liaison at VSEA Headquarters at 223-5247, or your Unit Chairperson.

Signature Date

Field Representative Comments: _____

