

## BCTF Election Endorsement for the BC Teachers' Council

**2023–24**

Include a **non-SD email** for confirmation

Applicant's electoral zone (the zone in which you reside—select one). If you are unsure of your electoral zone, [click here](#).

- ☐ Fraser Zone 1      ☐ Interior Zone 2      ☐ Northern Zone 3  
☐ Vancouver Coastal Zone 4      ☐ Vancouver Island Zone 5

PREFERRED PRONOUN(S)

BCTF Member #

NAME

HOME ADDRESS

CITY/TOWN

POSTAL CODE

HOME PH

SCHOOL NAME/PLACE OF WORK

WORK PH

TEACHING ASSIGNMENT

# YEARS  
TEACHING

LOCAL NAME AND #

An applicant may wish to provide, on a voluntary basis, information as to whether they self-identify as a member of an equity-seeking group.

### STATEMENT (Please note that this statement will be shared with BCTF members).

Describe why you are applying for the BCTF endorsement for the zone in which you reside.

### BCTF/LOCAL EXPERIENCE

	Number of Years	Details
Provincial, local union experience		
Professional Development (school or local)		
Local Executive		
Provincial Executive		
PSA Executive		
BCTF Provincial Advisory Committee		

**BC TEACHERS' FEDERATION**

**BCTF.ca**

100 - 550 West 6th Avenue, Vancouver, BC Canada V5Z 4P2 · 604-871-2283

<b>TEACHING EXPERIENCE</b> (List most recent experience first)			
<b>School</b>		<b>Grade level(s)</b>	
<b>LIVED EXPERIENCE</b> (as it relates to the work of the Council)			
<b>REFERENCES</b> (Submit the names of two <b>BCTF members</b> who will serve as your references. School administrators are not BCTF members)			
<b>Name</b>		<b>Name</b>	
<b>Position</b>		<b>Position</b>	
<b>Home Ph</b>	<b>Work Ph</b>	<b>Home Ph</b>	<b>Work Ph</b>
<b>Address</b>		<b>Address</b>	