HEALTH SCIENCES ASSOCIATION
The union delivering modern health care

Political Action Fund Application
2014 MUNICIPAL ELECTIONS

Note: Members seeking support to engage in grassroots political action or training, or to attend election campaign training, should use the form entitled: "Political Action Fund Application: Grassroots political action or training, & election campaign training".

HSA members running for municipal office, or working on campaigns to elect candidates for local government positions, may apply to HSA for the following financial support from HSA's Political Action Fund:

1. Members who are **candidates** may apply for **up to 10 days** of wage replacement and/or **up to $200** to cover approved personal expenses incurred to run for office.
2. Members who are **working on a civic election campaign** may apply for **up to 2 days** of wage replacement or banked time, but must confirm that they are donating at least 20 hours of their own unpaid time to work on the campaign. One day may be used for campaign work on Election Day (Saturday November 15, 2014). Additional paid time may be approved by HSA's Political Action Committee, for members in key campaign positions.

Members may apply for support if they are running for election, or working on campaigns to elect, any of the following positions:

1) mayor
2) councillor
3) Board of Education trustee (school trustee)
4) regional district electoral area director
5) Islands Trust trustee or
6) **elected** park board commissioner.

Members are encouraged to apply as soon as possible, as applications will be considered in the order they are received, while funding remains available. Early application may also assist members approved for leave to schedule this time off work.

APPLICANT'S SECTION

Date: _____

APPLICANT'S INFORMATION:

Name: _____

Address: _____

_____

Phone: _____ E-mail: _____

Involvement in HSA
List the positions you have held in HSA, and HSA events / activities in which you have participated within the last 3 years:

_____

_____

_____

_____

Political experience
Please describe any experience or training you've had that relates to electoral politics (e.g., election campaign work, election campaign schools, involvement with a political party etc.).

_____

_____

_____

_____

TYPE OF APPLICATION:

❒ Application to support HSA member running as a candidate
or
❒ Application to support HSA member working on an election campaign

Type of work you expect to perform in the campaign (e.g., campaign manager, voter contact/identification, communications, E-Day organizer, office manager, phoning, foot canvass, signs, help on Election Day only, etc.)

_____

_____

AMOUNT & TYPE OF SUPPORT REQUESTED:

1) Approved expenses (available only to HSA members running as candidates)
Maximum of $200.00
Receipts required before payment

Amount requested for expenses: $ _____

2) Wage Replacement (union paid release time)

a) **Up to 10 days** of wage replacement is available to HSA members running for municipal office.

b) **Up to 2 days** of wage replacement is available to HSA members working on municipal election campaigns (additional paid time may be approved by HSA's Political Action Committee, for members in key campaign positions). One day may be used for Election Day (Saturday November 15, 2014).

For members <u>working</u> on campaigns: *I hereby confirm that if I receive wage replacement from HSA, I will donate at least 20 hours of unpaid time to work on the campaign.*

_____
Signature

Number of days of wage replacement requested: _____

Daily wage (gross): $ _____

Cost of benefits per day: $ _____
(If your employer can't provide this information, then please contact Carol Riviere at the HSA office to obtain this information.)

Total value of financial support requested*:* $ _____

<u>NAME OF CANDIDATE</u>:

_____

<u>POLITICAL PARTY or SLATE</u> <u>(if applicable)</u>:

_____

<u>COMMUNITY:</u>

_____

<u>POSITION RUNNING FOR:</u>

_____

CANDIDATE'S SECTION
(Please use a separate sheet of paper if you require additional space.)

1. **Please list any elected positions you have previously held, and the years during which you held office:**

   Municipal (community, position and dates): _____

   _____

   MLA (Party, province & dates): _____

   MP (Party, province & dates): _____

2. **Current or previous union involvement (if any):**

   _____

   _____

   _____

3. **Labour Council Endorsement:**

   a) Has your local Labour Council endorsed your candidacy?
   Yes ❒ No ❒

   b) If not, please explain why (e.g., didn't request endorsement).

   _____

   _____

4. **HSA criteria**

   HSA is not affiliated with any political party. HSA provides financial support to members to run for office or to work on election campaigns, only where **both the candidate and the political party or slate** with which the candidate is running (if any) demonstrate support for all of the following:

   a) a positive role for the public sector;
   b) the principles of the *Canada Health Act*;
   c) free collective bargaining for public sector employees; and
   d) progressive occupational health and safety legislation.

Candidate's position

Please outline **the candidate's personal position** on the following issues:

i) The role of the public sector

_____

_____

_____

ii) The principles of the *Canada Health Act*

_____

_____

_____

iii) Free collective bargaining for public sector employees

_____

_____

_____

iv) Occupational health and safety legislation

_____

_____

_____

I hereby confirm that the above represents my personal views on these issues.

_____

Signature of Candidate

Position of party or slate (if applicable)

If you are running with a political party or slate, then to determine the position of your party/slate on these issues, HSA will consider the published platform or other publications of your party/slate, as well as previous actions taken by your party/slate in these areas. Please attach any material you would like us to consider. If there is no published information outlining the position of your party/slate on these issues**, then please provide this information in the space provided below.** We would also appreciate the name and phone number of an official or staff member from your party/slate, whom we can contact if we have any questions about the position of the party/slate on these issues.

Position of party or slate:

_____

_____

_____

_____

Candidate or Applicant:

Please provide any other information you would like us to consider:

_____

_____

_____

_____

Members are encouraged to apply as soon as possible, as applications will be considered in the order they are received, while funding remains available. Early application may also assist members approved for leave to actually schedule this time off work.

Return completed applications to the attention of Carol Riviere at the HSA office:

E-mail: criviere@hsabc.org

Fax: 604.439.0976
800.663.6119

Mail: Health Sciences Association
#300 – 5118 Joyce Street
Vancouver BC V5R 4H1

For further information, please contact Carol Riviere, Communications Officer, at the HSA office (604-439-0994 or 1-800-663-2017).

The HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form, you are consenting to have the HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information, please contact the HSA Privacy Officer. The full HSA privacy policy is available online at http://www.hsabc.org.