



Health  
 Sciences  
 Association  
 www.hsabc.org

The union of caring professionals

## Political Action Fund Application 2005 MUNICIPAL ELECTION

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

1. Members who are **candidates** can apply for up to 5 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 local government election campaign** can apply for 1 day of wage replacement, but must demonstrate that they are donating at least 20 hours of their own unpaid time to work on the campaign. Additional paid time may be approved by HSA's Political Action Committee.

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

- 1) mayor
- 2) councillor
- 3) school board trustee
- 4) regional district electoral area director
- 5) Islands Trust trustee
- 6) elected park board commissioner.

**Deadline for initial applications: Wednesday, November 9, 2005**

### APPLICANT'S SECTION

	<i>Date:</i> _____
<b><u>APPLICANT'S INFORMATION:</u></b>	
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:

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**Political experience**

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

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**TYPE OF APPLICATION:**

Application to support HSA member as a candidate  
*Or*

Application to support HSA member as a campaign worker

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

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**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 (paid release time)**

- a) Up to **5 days** of wage replacement is available to HSA members running for municipal office.
  
- b) **One day** 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 working 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.

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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: \$ \_\_\_\_\_**

**NAME OF CANDIDATE:**

\_\_\_\_\_

**POLITICAL PARTY** (if applicable):

\_\_\_\_\_

**COMMUNITY:**

\_\_\_\_\_

**POSITION RUNNING FOR:**

\_\_\_\_\_

**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** that the candidate is running with (if any) demonstrate support for:

- 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.**

**Party's position (if applicable)**

If you are running with a political party, then to determine your Party's position on these issues, HSA will consider your Party's published platform, other Party publications and the record of your Party's actions in these areas. Please attach any material you would like us to consider. If there is no published information outlining your Party's position on these issues, then please provide this information in the space provided on **page 6**. We would also appreciate the name and phone number of a Party official or staff member who we can contact if we have any questions about the Party's position on any of these issues.

**Candidate's position**

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

**i) The role of the public sector**

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**ii) The principles of the *Canada Health Act***

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**iii) Free collective bargaining for public sector employees**

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**iv) Occupational health and safety legislation**

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

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**Signature of Candidate**

**Candidate or Applicant:**

*Please provide any other information you would like us to consider (e.g., your Party's position on the 4 issues outlined above):*

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**Deadline for first round of applications:  
Wednesday, November 9, 2005**

Applications received before the deadline will be considered in the order they are received, until the Political Action Fund is exhausted. Interested members are encouraged to apply as soon as possible, to ensure funding is still available, and to optimize their ability to arrange time off work to be involved in the election campaign.

**Return completed applications to the attention of Carol Riviere at:**

**Fax:** 604.439.0976  
800.663.6119

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

**Further information:**

*Carol Riviere, HSA Labour Relations Officer at 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>.