Oregon Education Association
Committee Interest Form

COMMITTEE(S) OF INTEREST:
- [ ] ADVOCACY CABINET
- [ ] COMMITTEE ON RACIAL EQUITY (CORE)
- [ ] GREAT PUBLIC SCHOOLS CABINET
- [ ] BYLAWS/POLICIES
- [ ] CREDENTIALS COMMITTEE
- [ ] EARLY CAREER EDUCATOR ORGANIZING
- [ ] CONGRESSIONAL ADVOCACY TEAM
- [ ] JUDICIAL PANEL
- [ ] LEGAL DEFENSE
- [ ] HUMAN & CIVIL RIGHTS COMMITTEE
- [ ] NEA RA PLANNING COMMITTEE
- [ ] OEA PAC (ELECTED BY COUNCIL)
- [ ] LEGISLATIVE ADVISORY COUNCIL (LAC)
- [ ] RESOLUTIONS COMMITTEE
- [ ] SPECIAL EDUCATION COMMITTEE
- [ ] RELIEF FUND COMMITTEE
- [ ] SOCIAL STUDIES TF
- [ ] STUDENT MEMBER COMMITTEE
- [ ] SPEECH LANGUAGE PATHOLOGIST TF
- [ ] TRAUMATIC EVENTS TF
- [ ] UNION SCHOOL ADVISORY
- [ ] OTHER

Why would you like to serve on this Cabinet, Committee or Task Force (TF)?

MEMBER INFORMATION

Name: __________________________ Local Association: __________________________
Address: __________________________ UniServ Council: __________________________
City/State/ZIP: __________________________ School/Worksite: __________________________
Cell Phone: __________________________ Work Phone: __________________________
Home E-Mail: __________________________ Work E-Mail: __________________________
Position: __________________________

PLEASE CHECK ALL THAT APPLY:
Less than 10 years of education employment [ ] More than 10 years of education employment [ ]
Small Local (1-300 members) [ ] Large Local (301+ members) [ ]

OEA/UNION EXPERIENCE
Building Rep [ ] Elected Local Leadership Position(s) [ ]
Local Association Committee(s) [ ] OEA Committee/Cabinet/Task Force [ ]
Please list: __________________________
Please list: __________________________

OEA RA [ ] NEA RA [ ]
ODE Committee(s) [ ] OEA Sponsored Event(s) [ ]
Please list: __________________________
Please list: __________________________

ETHNICITY INFORMATION FOR THE MINORITY AFFAIRS COMMITTEE
American Indian/Alaskan Native [ ] Asian [ ] Black [ ] Caucasian [ ] Hispanic [ ]
Native Hawaiian/Pacific Islander [ ] Multi-Ethnic [ ] Other [ ] Unknown [ ] Prefer not to answer [ ]
GENDER: Male [ ] Female [ ] Other [ ] Prefer not to answer [ ]

Member Signature: __________________________ Date: __________________________

This committee interest form will be considered for vacancies in the 2019-2020 year and is valid until June 30, 2020.

BOARD MEMBER: please complete the information on the back of this form
<table>
<thead>
<tr>
<th>To Be Completed by Board Director/Vice-President/Regional Vice President</th>
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<tbody>
<tr>
<td>□ I have contacted this person and obtained his/her commitment to serve on this committee.</td>
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<td>□ I have explained to him/her that failure to attend regularly scheduled meetings may result in removal from the committee.</td>
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<td>□ I have notified this member’s local president of their interest in this appointment.</td>
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<tr>
<th>Submitted By: (Please print)</th>
<th>Board Position:</th>
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<td>Signature:</td>
<td>Date:</td>
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