



# Oregon Education Association Committee Interest Form

## COMMITTEE(S) OF INTEREST:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ADVOCACY CABINET                 | <input type="checkbox"/> PUBLIC AFFAIRS CABINET      | <input type="checkbox"/> GREAT PUBLIC SCHOOLS CABINET   |
| <input type="checkbox"/> BYLAWS/POLICIES                  | <input type="checkbox"/> CONGRESSIONAL ADVOCACY TEAM | <input type="checkbox"/> CREDENTIALS COMMITTEE          |
| <input type="checkbox"/> EARLY CAREER EDUCATOR ORGANIZING | <input type="checkbox"/> ETHNIC MINORITY AFFAIRS     | <input type="checkbox"/> HUMAN & CIVIL RIGHTS           |
| <input type="checkbox"/> JUDICIAL PANEL                   | <input type="checkbox"/> LEGAL DEFENSE               | <input type="checkbox"/> LEGISLATIVE ADVISORY COUNCIL   |
| <input type="checkbox"/> NEA RA PLANNING                  | <input type="checkbox"/> OEA PAC                     | <input type="checkbox"/> RELIEF FUND                    |
| <input type="checkbox"/> RESOLUTIONS COMMITTEE            | <input type="checkbox"/> SPECIAL EDUCATION COMMITTEE | <input type="checkbox"/> SPEECH LANGUAGE PATHOLOGIST TF |
| <input type="checkbox"/> STUDENT MEMBER COMMITTEE         | <input type="checkbox"/> STATEWIDE ORGANIZING TF     | <input type="checkbox"/> UNION SCHOOL ADVISORY          |
| <input type="checkbox"/> OTHER: _____                     |  |   |

<b>Why would you like to serve on this Cabinet, Committee or Task Force?</b>			
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	<input type="checkbox"/>	More than 10 years of education employment	<input type="checkbox"/>
Small Local (1-300 members)	<input type="checkbox"/>	Large Local (301+ members)	<input type="checkbox"/>
OEA/UNION EXPERIENCE			
Building Rep	<input type="checkbox"/>	Please list: OEA Sponsored Event(s)	<input type="checkbox"/>
Please list: Local Association Committee(s)	<input type="checkbox"/>	OEA RA	<input type="checkbox"/>
Elected Local Leadership Position(s)	<input type="checkbox"/>	Please list: OEA Committee/Cabinet/Task Force	<input type="checkbox"/>
Please list: ODE Committee(s)	<input type="checkbox"/>	NEA RA	<input type="checkbox"/>

**ETHNICITY INFORMATION FOR THE MINORITY AFFAIRS COMMITTEE**

American Indian/Alaskan Native       Asian       Black       Caucasian       Hispanic

Native Hawaiian/Pacific Islander       Multi-Ethnic       Other       Unknown

GENDER: Male       Female       Other

**TO BE COMPLETED BY BOARD MEMBER/VICE-PRESIDENT/REGIONAL VICE PRESIDENT**

I have contacted this person and obtained his/her commitment to serve on this committee.

I have explained to him/her that failure to attend regularly scheduled meetings may result in removal from the committee.

I have notified this member's local president of their interest in this appointment.

Submitted By:  
(Please print)

Board  
District:

Signature:

Date: