



# BC FERRY & MARINE WORKERS' UNION

## SITE SAFETY COMMITTEE SELECTION FORM

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Email: \_\_\_\_\_ Local: \_\_\_\_\_

Site Safety Position you are interested in: \_\_\_\_\_

Why are you interested? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Education that may be helpful to Committee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_