



# APPLICATION

State Bar Leadership & Steward Program

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home email address: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ DLC: 850

Department: \_\_\_\_\_ Attorney Unit OR General Unit

Worksite location: \_\_\_\_\_

## SECTION 1: ABOUT YOU

Why does YOUR membership matter?

Describe your vision for your leadership with Local 1000.

How does the Local 1000 Purpose Statement empower your vision?

How long have you been a State Bar union member?

Have you been a union member at a previous job?



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### SECTION 2: TALENTS AND STRENGTHS

How do you establish trust with others?

Describe your leadership style.

What strengths would you like to build as a steward?

What values are you proud of?

### SECTION 3: EXPERIENCE AND HISTORY

Describe your level of union participation at the State Bar  
(example: attending meetings, coffee breaks, Board of Trustee meetings, etc.).

Have you contacted a union steward to assist you with a representational issue at the State Bar?  
If so, what was the outcome?

Have you ever received notice of discipline from your worksite? If so, please explain.

Have you been convicted by any court of a misdemeanor crime involving acts of moral turpitude or a felony? If yes, please explain. When did it occur?



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### SECTION 4: ADDITIONAL NOTES

If you are not selected, are you willing to accept an alternative role to steward?  
(i.e. activist, point of contact, etc.).

What else would you like the Decision Committee to know about you?

### CHECKLIST

Three (3) letters of recommendation from Members attached (each no more than one page).

Member Name 1: \_\_\_\_\_

Member Name 2: \_\_\_\_\_

Member Name 3: \_\_\_\_\_

Names of two (2) additional references references (no letter required) – a Local 1000 Member or Local 1000 staff person.

Additional Reference Name 1: \_\_\_\_\_

Additional Reference Name 2: \_\_\_\_\_

All applications received after the defined deadline will not be accepted.

Training sessions are to be taken in sequence. If you miss a session, you'll be invited to the next series if space is available.

### DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application may disqualify me from this review cycle.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email your completed application and three letters of recommendation to [sbsteward@seiu1000.org](mailto:sbsteward@seiu1000.org).

For assistance with your application, please call the Member Resource Center (MRC) at 866.471.SEIU (7348).