Steward Self Assessment Form

The purpose of this survey is to provide a picture of the experiences, developmental needs, and challenges our Stewards and leaders have within the Union. Employee Name: ______ Employee # _____ Work Phone: Work/Personal Email: Region: Do you currently attend your Worksite meetings? ☐ Yes ☐ No Do you currently attend Steward Council meetings? ☐ Yes ☐ No Do members come to you when there are issues at work? ☐Yes ☐ No Are you involved in your Joint Labor Management Committee/Meeting? ☐Yes ☐ No Do you know your Worksite Organizer? Yes□ No □ Do you feel supported as a Steward by your Worksite Organizer? ☐ Yes ☐ No Do you have experience in handling Grievances? Individual □Yes □No Group Grievance ☐ Yes ☐ No Are you willing to join a committee to help your chapter/bargaining unit function at a high level of effectiveness? \Box Yes \Box No Are you willing to take additional training classes to enhance your ability to be an effective steward at the worksite? ☐ Yes ☐ No What areas would you like more training and development in: (Check all that apply) **Problem Solving** Educator/Communicator ☐ Grievance Training ☐ How to Run a Meeting ☐ Labor Management Training Organizing ☐ Conflict Resolution ☐ Member Organizing Training Other Is there anything else you would like to add?