

**OPEIU Local 50/ Hawaii Nurses Association**  
**Union Steward Petition of Intent (Candidate's Statement)**

Date: \_\_\_\_\_ Facility: \_\_\_\_\_ Department: \_\_\_\_\_

I, \_\_\_\_\_, understand the steward duties and responsibilities. I pledge to represent the members in my bargaining unit, be knowledgeable about our contract, and assist to the best of my ability as a union steward.

\_\_\_\_\_  
Union steward candidate's signature

\_\_\_\_\_  
Contact number

\_\_\_\_\_  
Best time to contact you

\_\_\_\_\_  
Email address

**OPEIU Local 50/Hawaii Nurses Association  
Union Steward Petition of Intent (Endorsements)**

Date: \_\_\_\_\_ Facility: \_\_\_\_\_ Department: \_\_\_\_\_

I, \_\_\_\_\_, am requesting your endorsement to be your steward.

I understand the duties and responsibilities of a steward. I pledge to represent you, be knowledgeable about our contract, and assist you to the best of my ability as your union steward.

If a majority of bargaining unit members in my department signs this petition, then it signifies their endorsement of me as their department steward. However, it is understood that if the position is contested then a selection process will occur pursuant to the process outlined in the document entitled "Department Steward/Chief Steward Selection Process"

By signing this petition of intent, you are endorsing me as this department's steward.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

**OPEIU Local 50/Hawaii Nurses Association**  
**Union Steward Petition of Intent (Endorsements Continued)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_