



New Brunswick
Nurses Union

Syndicat des
infirmières et infirmiers
du Nouveau-Brunswick

NBNU Internship Program

Application Form

Name _____ Local _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Position/Unit at work _____ E-mail address _____

Years of service as a member of local executive _____

Relevant experience as a local union activist

Relevant experience on provincial committees or other union activity

Other qualifications, training and experience that would be of assistance to you as an NBNU intern

Why do you want this opportunity to train as a union intern?
