



## Accessibility Advisory Committee Application Form

Applicant Name:

Street Address:

Postal Code:

Home Telephone:

Work/Cell Telephone:

E-mail Address:

Occupation:

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### **Application for appointment to Accessibility Advisory Committee**

Describe how your lived experience, community involvement, education, or work might be helpful to this committee.

Organization/Sector you are representing (if applicable):

Describe your work experience and, if applicable, your education:

Why are you interested in serving on this committee?

What contribution do you believe you can make to this committee?

What past contributions have you made on a similar committee or organization?

What experience do you have in exchanging your views with others and in appreciating and respecting the skills, abilities and knowledge of others?



## Accessibility Advisory Committee Application Form

Are you a person with a disability, or do you represent an organization representing people with disabilities?

Circle: Yes or No

**Note:** At least one half of the members of the advisory committee must have a disability or represent an organization that represents people with disabilities.

**Organization/sector you are representing (if applicable):** If you are a person with a disability or represent an organization representing people with disabilities, what disability/disabilities do you or your organization represent?

**Note:** Members with a variety of disabilities will bring diverse perspectives to this committee. We will strive to accommodate all members to ensure they are able to fully participate.

Are you interested in an interview?

Circle: Yes or No

The final approval of appointments is given by the council. If you would like more information about the approval process, or if you have questions about any of the bodies to which appointments are to be made, please contact the Development Project Coordinator's Office at 902 522 2607. The personal information on this form will be used to assist the council in selecting appointees for various committees. Questions about this collection may be referred to the Development Project Coordinator, at [planning@saint-marys.ca](mailto:planning@saint-marys.ca).

**Note:** By signing this application form, I consent to the collection, use, and disclosure of my personal information provided on this form. I understand and agree that this personal information may be disclosed to the public and the media by the municipality, upon request, and may be included in publicly disclosed committee and council reports and agendas, as well as on the municipality's website.

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Applicant Signature:

Date: