



Application Form Accessibility Advisory Committee Members

Applicant Name: _____

Civic Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone _____

E-mail Address: _____

Occupation: _____

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

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?

Are you a person with a disability, or do you represent an organization representing 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.

Applicant Signature

Date