



**Citizen Volunteer  
Accessibility Advisory Committee Application Form**

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Applicant Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Home Telephone

\_\_\_\_\_

Work/Cell Telephone

\_\_\_\_\_

E-mail Address

\_\_\_\_\_

Occupation (if applicable)

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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.**

**Why are in 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?**

**Yes**

**No**

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

**If you are a person with 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.

**Organization/Sector you are representing (if applicable):**

**Interview Option:** All or some of the applicants might be invited to attend a short interview. The purpose of the interviews is to give applicants an opportunity to elaborate on their application.

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Applicant Signature

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Date