

Appendix C.

Sample Application for Accessibility Advisory Committee members

Committee Application Form

Applicant Name

Street Address

Postal Code

Home Telephone

Work/Cell Telephone

E-mail Address

Occupation (if applicable)

Application for appointment to (Committee Name)

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?

Yes 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.

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.

[insert a consent to collect and disclose personal information, if required]

Applicant Signature

Date