

MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

Accessibility Advisory Committee Application Form 2020

Applicant Name: _____.

Mailing Address: _____

_____.

Home Address: _____.

Telephone No. _____

Email address: _____.

1. Describe how your lived experience, community involvement, education, work or other experience may be helpful to this committee?

2. Why are you interested in serving on this committee?

3. What past involvement or contributions have you made on a similar committee or organization that is working in this area?

4. Are you a person with a disability, or do you represent an organization representing people with disabilities? Note: At least one half of the members on this committee must have a disability or represent an organization that represents people with disabilities.

Yes

No

5. 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 life experience and with expertise, lived or learned regarding specific disabilities will bring knowledge and practicality to the committee. Diversity is important. We will strive to accommodate all members to ensure they are able to fully participate.

The final approval of appointments is given by municipal council. If you would like more information about the approval process or if you have any questions about any of this please contact Tammy Feltmate at 902 863 1117.

Applicant Signature: _____

Date: _____.