



**Application for Accessibility Advisory Committee  
Committee Application Form**

Applicant Name:	
Street Address:	
Postal Code:	
E-mail Address:	
Home Telephone:	
Work/Cell Telephone:	
Occupation:	

Application for appointment to Berwick Accessibility Committee

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?

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

Yes	No
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**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?

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**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?

Yes	No
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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 Jordan Hebb [jhebb@berwick.ca](mailto:jhebb@berwick.ca) 902-538-8068 ext 4019

The personal information on this form will be used to assist the council in selecting appointees for various committees.

Questions about this data collection may be referred to Jordan Hebb [jhebb@berwick.ca](mailto:jhebb@berwick.ca)