For office use only:
Application Received: _____

Accessibility Advisory Committee Application

Contact Information:

Full name: _____ _____
Last *First* *M.I.*

Address: _____ Phone: _____
Street address *Apt/Unit #*

_____ Email: _____
City *Province* *Postal Code*

If you are comfortable sharing, please indicate which of the following groups apply to you. Choose all that apply:

- ☐ Person with accessibility challenges or lived experience with a disability (a disability includes a physical, mental, intellectual, learning, or sensory impairment)
- ☐ Person who supports or represents an organization that supports people with disabilities.
- ☐ Indigenous Person
- ☐ Person of a minority Nationality/Ethnicity
- ☐ Senior (65+)
- ☐ Newcomer or Immigrant
- ☐ LGBTQ2+

Are you a person with a disability? Yes_____ No _____
If yes, please describe:

Are you a person from an organization representing persons with disabilities? Yes _____ No_____
If yes, what disability or disabilities does your organization represent?

Describe how your lived experience, community involvement, education, work or other experience may be helpful to this committee.
Note: persons with a variety of life experiences and with expertise, lived or learned, regarding specific disabilities will bring knowledge and practicality to the committee. Diversity is important and we will strive to accommodate all persons to ensure they are able to fully participate.

Please indicate your availability to attend meetings. Please select one or both of the options below.

	I am available during business hours (8:30 am to 4:30 pm.)
	I am available in the evening

Supporting Documents

If you wish, you may submit supporting documents such as a resume, C.V., or another summary of your skills and experience to be considered along with this application. If you wish to submit any supporting documents, please email them to carbonear@nf.aibn.com with the subject line "Supporting materials for AAC application."

Accommodation

Do you require any accommodations to participate in the Town of Carbonear Accessibility Advisory Committee?

☐Yes

☐No

Please identify the type of accommodations you need.

I acknowledge that everything declared in this form is true and I understand that if there is any change to the information contained in this application, it is my responsibility to notify the Town of Carbonear.

_____ _____

Applicant Signature Date (month, day, year)

Personal information you provide on this form is will only be used for the purposes of consideration of your application and contact purposes by staff, if appointed. Your personal information will not be released except in accordance with the Freedom of Information and Protection of Privacy Act.