

ACCESSIBILITY ADVISORY COMMITTEE MEMBERSHIP APPLICATION FORM

The Harbour Grace Accessibility Advisory Committee is seeking members!

Thank you for your interest in joining this committee.

| APPLICANT CONTACT INFORMATION | |
|-------------------------------|--------------|
| Full Name: | Birthdate: |
| Mailing Address: | Town: |
| Civic Address: | Postal Code: |
| Email: | Phone: |

1. 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 (ie., physical disability; visual or hearing impairment; etc.);
- \Box Person from our community's aging population (ie., seniors 65+);
- □ Person from the Indigenous community;
- □ Person from the LGBTQ2+ community;
- □ Person from a minority ethnic or national community, or a newcomer/immigrant;
- \Box Person with a mental health issue;
- □ Person with an intellectual impairment (ex., autism);
- \Box Unhoused person;
- □ Representative from a special interest group or organization engaged with the above communities.

2. Are you a person with a disability?

- □ Yes
- \Box No

If yes, please describe:

3. Are you a representative of a special interest group or organization representing persons from the community indicated in Question 1?

 \Box Yes

 \square No

If yes, which community does your organization represent?

4. Describe how your lived experience, community involvement, education, work, or other experiences may be helpful to the Accessibility Advisory Committee. (We are aiming for as diverse a committee as possible.)

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

- □ I am available during business hours (8:30 a.m. 4:30 p.m.)
- □ I am available in the evening

6. Do you require any accommodations to participate on the Accessibility Advisory Committee?

- \Box Yes
- \Box No

If yes, please identify the type of accommodations required.

If you wish, you may submit **supporting documentation** (ex., resume, C.V., or other summary of skills and experience) to be considered along with this application. Please attach any supporting documentation to this application or email the information to our general email, <u>hello@townofharbourgrace.ca</u>, with the subject line "Supporting documentation for AAC application."

Completed applications may be delivered to the Town Hall, 112 Water Street, Harbour Grace, NL, during regular business hours, or emailed to the general email, with the subject line "AAC application."

The deadline for completed applications is Wednesday, January 3, 2024.

Applicant's Signature

* Personal information provided on this form will only be used for the purposes of application consideration and point of contact for staff. Your personal information will not be released except in accordance with the Access to Information and Protection of Privacy Act, 2015.

** All applicants will be subject to a Code of Conduct reference check with the Royal Canadian Mounted Police.

Date