AURORA
You're in Good Company

APPLICATION FOR APPOINTMENT TO ACCESSIBILITY ADVISORY COMMITTEE

I. **PERSONAL INFORMATION:** (Please print or type.)

(Mr./Ms)_____ _____
Last Name First Name Tel. No. (Residence)

_____ _____
Home Address Tel. No. (Business)

_____ _____
City and Province Postal Code

_____
E-mail Address

This is to authorize the release of personal information related to my address and telephone number which may or may not be released to the general public.

Please indicate: ☐ **YES** ☐ **NO**

II. **QUALIFICATIONS:** (If necessary, please use additional paper for your answers.)
NOTE: A résumé or synopsis outlining any additional information you deem to be pertinent may be attached.

APPLICANT ELIGIBILITY:

- Must be a resident of the Town of Aurora
- Over the age of 18 years
- Not employed by the Town of Aurora

In order to ensure a true cross-section of persons with disabilities on the Committee, your voluntary co-operation is requested in answering the following questions:

☐ I am a person with a disability

My disability relates to:

☐ Hearing
☐ Visual
☐ Motor skills
☐ Cognitive
☐ Respiratory
☐ Mobility
☐ I am familiar with issues affecting people with disabilities
☐ Other/Parent of a child with a disability

If you served on a Board, Committee, Utility Commission, Ratepayer Group or other organization in any Municipality, please specify.

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_____

Set out how your appointment would benefit the residents of Aurora.

_____

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_____

State briefly what you consider your qualifications and experience for this position.

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Why would you like to serve on the Accessibility Advisory Committee? (Use additional paper if necessary.)

_____

_____

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_____

Please state, in detail, your particular skills, knowledge and experience (work-related, community service-oriented, or other volunteer activities) which illustrate the interest, skills or abilities you may contribute as a member of the Accessibility Advisory Committee. Please attach a current résumé, if applicable.

_____

_____

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_____

Education: Please indicate the highest academic level you attended.

_____

_____

What are some of the challenges people with disabilities face in this municipality?

_____

_____

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_____

Do you require any disability accommodation in order to attend or participate in meetings? (i.e., sign language interpreter, personal note-taker, magnifier, listening device, etc.)

Please indicate: ☐ **YES** ☐ **NO**

If yes, please specify:_____

Would you be available to attend meetings when called?

Please indicate: ☐ **YES** ☐ **NO**

Evening Hours:_____ Business Hours:_____

_____

Signature of Applicant

III. **CONDITIONS OF APPOINTMENT:**

I hereby acknowledge and agree that, if appointed to any Committee, Board or Commission of the Town of Aurora, I will subscribe to the Declaration of Appointed Office. Personal information on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act R.S.O.*, and will be used to determine eligibility for appointment. Questions about this collection of personal information should be directed to the Town Clerk's Office, 100 John West Way, Aurora, ON L4G 6J1, or Telephone No. 905-727-3123, ext. 4217.