

# Application for Clinton Accessibility Committee Members

## Committee Application Form

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Applicant Name

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Street Address

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Postal Code

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Home Telephone

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Work/Cell Telephone

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E-mail Address

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Occupation

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?

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

☐ Yes

☐ No

Are you a person of indigenous background?

☐ Yes

☐ No

**Organization/sector you are representing (if applicable):** If you are a person with a disability or represent persons with disabilities, which disability/disabilities do you or your organization represent? (Note – any information you share shall be subject to the confidentiality provisions below)

**Note:** At least one half of the members of the committee must have a disability or represent persons with disabilities. At least one member must be of indigenous background. 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. The final approval of appointments is given by Village of Clinton Council.

By signing below, you agree that your personal information included on this application will be accessible to the Village of Clinton Council for the purpose of assessing and selecting appointees, but will not be available to the general public. You agree that you will keep confidential the personal information shared with you in the course of your duties as a member of the committee. Committee meetings shall be open to the public, and therefore any information you choose to share at that time may be accessible to the public.

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Applicant Signature

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Date