



Village of Ashcroft

Accessibility Advisory Committee Application Form

Applicant Name

First

Last

Address

City/Province

Country

Postal Code

Phone

Email

- _____
1. Describe how your lived experience, community involvement, education, or work might be helpful to the Accessibility Advisory Committee.

2. Why are you interested in serving on this committee?

3. What contribution do you believe you can make to this committee?



4. Do you have previous committee experience, or experience working with others to exchange views in a productive manner, respecting skills and abilities of colleagues?

5. Are you a person with a disability or disabilities, or are you part of an organization representing people with disabilities? *Note: At least half of the membership on the Accessibility Advisory Committee should include those who have a disability or who are part of an organization for people with disabilities.*

Yes

No

6. If you answered yes to Question 5, please explain your disability or disabilities, and/or explain the organization you represent and what your role is.

Note: Personal Information you provide on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and will only be used for the purposes described. Questions about the collection and disclosure of your personal information may be referred to the Village of Ashcroft Office: 601 Bancroft Street, PO Box 129, Ashcroft, BC V0K 1A0, 250-453-9161, ea@ashcroftbc.ca.