

## Grey County Joint Accessibility Advisory Committee Volunteer Application Form

Send completed applications to:

The Corporation of the County of Grey Clerk's Office  
Attn: Kathie Nunno  
595 9<sup>th</sup> Avenue East, Owen Sound, ON N4K 3E3

[kathie.nunno@grey.ca](mailto:kathie.nunno@grey.ca)

To ask questions about the Grey County Joint Accessibility Advisory Committee, please contact:

Kathie Nunno  
Contract & Accessibility Coordinator  
County of Grey  
595 9<sup>th</sup> Avenue East  
Owen Sound, ON N4K 3E3  
Email: [kathie.nunno@grey.ca](mailto:kathie.nunno@grey.ca)  
Phone: 519-372-0219 ext. 1223  
Fax: 519-376-8998

The Grey County Joint Accessibility Advisory Committee has been formed in compliance with the Ontario's Access to Information Act and must include a membership of 50% plus one of persons with disabilities. Members shall be selected and approved by County Council. The Committee is composed of up to seven voting members, including one member of County Council. The term of membership for public members is the term of Council (currently four years). Other non-voting members may change as needed.

The information on Grey County Joint Accessibility Advisory Committee applications is gathered under the authority of the *Municipal Act, 2011* and in accordance with the provisions of the *Municipal Freedom of Information and Privacy Act*. The information will be used by members of County Council and County Staff to complete the Accessibility Advisory Committee selection process; it may form part of the public record and may be made available to the public through requests and through the County of Grey website. Questions about this collection should be addressed to the Clerk, County of Grey.

## Grey County Joint Accessibility Advisory Committee Volunteer Application Form

### Requirements:

I am: ☐ able to vote in an election ☐ a Canadian citizen  
☐ 18 years of age or older ☐ a person with a disability  
☐ familiar with issues affecting persons with disabilities

### Personal Information

Name:

Address:

Telephone:

*Why would you like to serve on the Accessibility Advisory Committee?*

### *Previous Experience*

Please state any work experience, community service, or other volunteer activities which illustrate the interest, skills or abilities you may contribute. Please provide a current resume if available.

### *Education*

Please state your highest academic level attained.

### *References*

Please provide the name, relationship and contact telephone number of two references. By signing this application, you authorize the County of Grey to contact the following persons or organizations and authorize them to disclose any required information to the County of Grey.

Name:

Name:

Relationship:

Relationship:

Telephone:

Telephone:

### Signature

Electronic signatures may be used for the purposes of this document. Clicking "I Agree" constitutes an electronic signature by the applicant.

Date:

I Agree:

Applicant Signature:

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