

Accessibility Advisory Committee
Volunteer Application Form

Please complete the following application and submit to:

Corporation of the County of Grey
Clerk's Office
Attn: Robert Hatten
595 9th Avenue East
Owen Sound, ON N4K 3E3

For additional information about the Accessibility Advisory Committee, please contact:

Robert Hatten
Communications Officer
County of Grey
595 9th Avenue East
Owen Sound, ON N4K 3E3
Email: robert.hatten@grey.ca
Phone: 519-372-0219 ext. 1255
Fax: 519-376-8998

The Grey County Accessibility Advisory Committee has been formed in compliance with the Ontarians with Disabilities Act and must include a membership of 50% plus one of persons with disabilities. Members shall be selected and approved by County Council. The Accessibility Advisory 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 on an annual basis.

The information on 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 Deputy Clerk, County of Grey.

Accessibility Advisory Committee Volunteer Application Form

Requirements:

- I am:
- | | |
|---|---|
| <input type="checkbox"/> an elector | <input type="checkbox"/> a Canadian citizen |
| <input type="checkbox"/> 18 years of age or older | <input type="checkbox"/> a person with a disability |
| <input type="checkbox"/> 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:
