

Region of Queens Municipality
ACCESSIBILITY COMMITTEE APPLICATION

Applicants Name: _____

Mailing Address: _____ Civic Address: _____

_____ Phone: _____

_____ Cell: _____

E-mail address: _____

Applicants are encouraged to note if they identify with any of the following diverse groups:

Indigenous

African Nova Scotian

LGBTQ2S+

Youth

Person with a Disability

Religious Affiliation

Racially Visible Person

Other (Please specify) _____

Please explain your reasons for applying to be a member of the Accessibility
Committee?

Have you participated in any accessibility training in the past five years? (If so, please explain)

Are you a member of a group that identifies with accessibility issues now? (If so, please explain)

What do you hope will be achieved by the Committee and Municipality after volunteering on this Committee for three years?

I confirm that this application is true to the best of my knowledge and is being submitted in accordance with the application criteria and no information that may lead to my application being deemed ineligible or inappropriate has been withheld.

Signature: _____ Date: _____

Submit Applications to :
Municipal Clerk, clerk@regionofqueens.com

OFFICE USE ONLY

Date Application Received: _____ Initials: _____

Approved: YES NO

Conditions / Reasons (if any): _____

Membership Start Date: _____ End Date: _____