



# Application for Appointment to the Accessibility Advisory Committee

Applications for appointment to the Accessibility Advisory Committee will open on September 1, 2022 at 8:30 a.m. and will close on November 30, 2022 at 4:30 p.m. Please note that submitting an Application does not guarantee appointment to the Accessibility Advisory Committee.

The Term of Office for this Committee coincides with the Term of Office for Council and shall be from November 15, 2022 to November 14, 2026. This Committee is responsible for providing vision and direction to staff and Council regarding the removal of barriers that exist within Town services, practices and programs and at least 50% of its members shall be people who identify as having a disability.

For more information about the Committee, please review the Terms of Reference [here](#).

## Applicant Information

Last Name or Single Name \*

First Name \*

Middle Name (if applicable)

Street Number \*

Street Name \* 

Apartment/Unit/Level (if applicable)

Town \*

Postal Code \*

Email Address \*

Primary Phone Number \*

## Questionnaire

Please answer all questions in full and truthfully.

**Have you read the Terms of Reference for this Committee? \***

Yes

No

**Are you 18 years of age or older? \***

Yes

No

**Would you be able to attend daytime meetings? \***

Yes

No

**Would you be able to attend evening meetings? \***

Yes

No

**The Committee may either meet in person or virtually via Zoom teleconferencing technology. Would you be able to attend both in person and/or virtual meetings? \***

Yes

No

**What is (or was) your occupation? \***

**Please tell us about your interest in serving on the Town of LaSalle's Accessibility Advisory Committee. What do you hope to contribute, and how would you support the Committee? \***

**Please tell us about your community involvement and employment background, including any skills and experience relevant to this position. What were your roles and responsibilities?**

**What are three areas related to increasing accessibility and inclusion that the Town of LaSalle Accessibility Advisory Committee should focus on during the 2022-2026 term? \***

**What is your understanding of the Accessibility for Ontarians with Disability Act (AODA)? How do you think the Town of LaSalle Accessibility Advisory Committee can support the Town in implementing the standards laid out in the AODA? \***

**Do you identify as a person with a disability or disabilities? \***

No

Yes

Prefer Not to Say

**If you have identified yourself as a person with a disability or disabilities, and feel comfortable in sharing, can you please tell us about the barriers you may have experienced or are able to identify in our community?**

**Please describe any other training, experience, or qualifications you have that you feel would benefit the Committee: \***

**Please upload a copy of your résumé \***

**Signature of Applicant \***

**Date of Signature \***

**Privacy Statement:** The personal information collected on this form will be used to assess an Applicant's eligibility to serve on the Committee of Adjustment for the Town of LaSalle. Questions about the collection of this information should be directed to the Director of Council Services/Clerk, Town of LaSalle, 5950 Malden Road, N9H 1S4. Phone: 519-969-7770.

# Thank You

Change the text for this message.