CITY OF YELLOWKNIFE

Application Form to the Accessibility Advisory Committee

NAME:		
MAILING ADDRESS:		
HOME PHONE #	WORK PHONE #	CELLPHONE #
EMAIL ADDRESS:		OCCUPATION:

1. Describe how your lived experience, community involvement, education, or work might be helpful to this Committee.

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

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

4. What past contributions have you made on a similar committee or organization?

5. What experience do you have in exchanging your views with others and in appreciating and respecting the skills, abilities and knowledge of others?

6. Are you a person with a disability, or do you represent an organization representing people with disabilities?

Yes No

(Note: At least seven members of the Committee must have a disability or represent an organization that represents people with disabilities.)

7. **Organization/sector you are representing (if applicable)**: If you are a person with a disability or represent an organization representing people with disabilities (include a letter from the organization authorizing your representation), what disability/disabilities do you or your organization represent?

(Note: Members with a variety of disabilities will bring diverse perspectives to this Committee. We will strive to accommodate all members to ensure they are able to fully participate.)

8. Are you interested in an interview? Yes No

The final approval of appointments is given by the City Manager. If you would like more information about the approval process, or if you have questions about any of the bodies to which appointments are to be made, please contact the Office of the City Clerk at 920-5646 or cityclerk@yellowknife.ca. The personal information on this form will be used to assist the City Manager in selecting appointees for this Committee. Questions about this collection may be referred to the City Clerk, at the above-noted address.

Applicant Signature: _____ Date: _____