



**APPLICATION FOR APPOINTMENT TO THE MUNICIPALITY OF CLARINGTON
ACCESSIBILITY ADVISORY COMMITTEE**

Please Print – Application is to be completed in its entirety

I, Mr. Ms. Mrs. Miss

Given Name (s)

Surname

Email

Address

Postal Code

Telephone

HEREBY MAKE APPLICATION FOR APPOINTMENT TO THE MUNICIPALITY OF CLARINGTON
ACCESSIBILITY ADVISORY COMMITTEE. (Please note that the majority of Committee members must
be disabled, as defined by the *Ontario with Disabilities Act*)

I AM 18 YEARS OF AGE OR OLDER, I HAVE LIVED IN THE MUNICIPALITY OF CLARINGTON FOR
_____ YEARS AND AM PRESENTLY A QUALIFIED ELECTOR UNDER THE *MUNICIPAL
ELECTIONS ACT, 2000*

**PLEASE OUT LINE THE REASONS WHY YOU WOULD LIKE TO SERVE ON THE ACCESSIBILITY
ADVISORY COMMITTEE**

I HAVE PREVIOUSLY SERVED ON THE FOLLOWING BOARDS AND COMMITTEES

NAME OF BOARD OR COMMITTEE:

NO. OF YEARS

MY RELATED EXPERIENCE INCLUDES: (Please describe in detail your related experience)

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OTHER COMMUNITY INTERESTS AND ACTIVITIES INCLUDE: (Specify other community interests, activities, etc.)

ACADEMIC HISTORY: (Please list your academic history in descending order)

REFERENCES:

Please supply three references, indicating your association with those people. By signing this application, you are hereby authorizing the Municipality of Clarington to contact your references, and authorize the release of any relevant information to the Municipality of Clarington.

(Name) (Telephone)

(Name) (Telephone)

(Name) (Telephone)

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy legislation and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Municipal Freedom of Information and Privacy Co-ordinator, 40 Temperance Street, Bowmanville, Ontario, L1C 3A6 (905) 623-3379 ext. 413.

PLEASE NOTE THAT WE THANK ALL APPLICANTS FOR THEIR INTEREST IN THE MUNICIPALITY OF CLARINGTON ACCESSIBILITY ADVISORY COMMITTEE. HOWEVER, ONLY THOSE APPLICANTS WHOSE QUALIFICATIONS, EXPERIENCE AND SKILLS MOST CLOSELY RESEMBLE OUR REQUIREMENTS WILL BE APPOINTED TO THE COMMITTEE. SELECTION CRITERIA HAS BEEN ESTABLISHED IN CONJUNCTION WITH INPUT FROM THE DISABLED COMMUNITY AND THE GENERAL PUBLIC.

Date of Application

Applicant's Signature