



## Hastings County Accessibility Advisory Committee Application Form

If you require an alternate format for completing your application, please contact Cathy Bradley by calling (613) 966-1311 ext. 3205.

Please review the [Terms of Reference](#) of the County of Hastings Accessibility Advisory Committee before completing this application form.

All questions are mandatory.

Are you a Hastings County resident?

Yes

No

Name:

Address:

Municipality:

Postal Code:

Phone number:

Email Address (If you do not have an email address, please indicate that by saying N/A):

Are you at least 18 years old?

Yes

No

Can you attend daytime meetings?

Yes

No

Enter the number of years you've lived in Hastings County

Under the Accessibility for Ontarians with Disabilities Act, the majority of the members of the Accessibility Advisory Committee must be people with disabilities. Do you identify as a person with a disability?

Yes

- No
- Prefer not to say

Check all that apply.

- I have awareness and knowledge of the Accessibility for Ontarians with Disabilities Act and its standards.
- I have awareness and knowledge of disability and accessibility issues.
- I am familiar with the goods, services and facilities operated by Hastings County.

Are you a current member of any Hastings County Advisory Groups / Boards?

- Yes
- No

Briefly describe your interest in serving on the committee and what you hope to contribute.

Briefly describe your knowledge, professional and employment background, and how this may support the work of the committee.

Provide a brief profile with examples of work experience, community involvement and other interests that support your application.

Consent Statement

By checking this box, I am providing my word that I have read, and accept, the Terms of Reference for the Hastings County Accessibility Advisory Committee. Should this application form not be fully completed, the County reserves the right to reject the application. In addition, the provision of any false or misleading information on this application form will be sufficient reason for the County to reject the application or to terminate committee membership

Personal information collected on this form will be used to determine suitability for appointments to Advisory Groups / Boards and is gathered under the authority of the *Municipal Act* and the *Municipal Freedom of Information and Protection of Privacy Act*. Please direct questions about this collection of information to the County Clerk at 613-966-1311 ext. 3205

I understand that the personal information being collected will be used in accordance with the *Municipal Act* and the *Municipal Freedom of Information and Protection of Privacy Act* and shall only be used in the selection for appointment of membership.