

APPLICATION TO CITY COUNCIL FOR APPOINTMENT TO GUELPH ACCESSIBILITY ADVISORY COMMITTEE (AAC)

Name:
Address:
*Home Tel: Fax:
*Business Tel: Email:
<i>*Please note if the Phone Numbers are TTY</i>
Note: The Ontarians with Disabilities Act requires that at least 50% of an Accessibility Advisory Committee be persons with disabilities. This information will be kept confidential.
<input type="checkbox"/> I am a person with a disability <input type="checkbox"/> I am a care-giver for a person with a disability <input type="checkbox"/> I am familiar with issues facing persons with disabilities <input type="checkbox"/> None of the above, but I am interested in being a member of the committee
Are you currently a member of any other City committee/board? If so, please list the name and the date of term expiry.
Please list the reasons for seeking appointment to this Committee and other Information you feel may be helpful in considering your application.

Please list the skills/qualifications/knowledge that you would bring to the committee position.

COMMITTEE & COMMUNITY EXPERIENCE

(past experience is not necessarily a pre-requisite for appointment)

List any past or current involvement with Community Advisory Committees and/or Boards beginning with the most recent first.

COMMITTEE/ORGANIZATION	FROM	TO
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A.

B.

C.

May we contact any of the above named organizations for reference purposes?

Yes ___ No ____

Comment:

City Council's Policy Limits Membership on A Board Or Committee To A Maximum Of Eight (8) Years.

Have Served On The Committee Before? Yes_____ No_____

If yes, Number of Years _____

Please attach any additional information such as a resume or reference letter which would assist in considering your application.

Signature:_____Date:_____

By signing this form I confirm that I am 16 years of age and a resident or owner of land in the City of Guelph; and, if selected to be a member of this committee I agree to abide by the rules of the committee and attend meetings to the best of my ability and understand that absence from 3 consecutive meetings is grounds for my removal as a member of the Committee

Please return your completed application to the attention of:

**City Clerk's Office, City Of Guelph
1 Carden Street, Guelph, ON N1H 3A1**

**or: fax to: 519-763-1269
or: email to clerks@guelph.ca**

If you would like help to complete this form or would like additional information please contact the City Clerk's Office at (519) 837-5603.

Personal information, as defined by Section 2(i) of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA. Personal information on this form will be used to assess the candidates qualifications for appointment to one of the City's various committees or boards. Personal information may form part of meeting agendas and minutes, and therefore may be made available to members of the public at the meetings, through requests, and through the website of the Corporation of the City of Guelph. Questions regarding the collection, use, and disclosure of this personal information may be directed to the Information, Privacy and Records Coordinator, City Clerk's Office, 1 Carden Street, Guelph, Ontario, N1H 3A1. The Nominating Panel reserves the right to check references and verify information contained on these forms.