



MUNICIPALITY OF THE COUNTY OF KINGS

Citizen Appointment to Joint Accessibility Advisory Committee Application Form

March 2021

Board/Committee applied for: Joint Accessibility Advisory Committee

Please Note: All citizens applying to the Joint Accessibility Advisory Committee must either live with a disability or work or volunteer for an organization that works with people with disabilities, and must have resided in the Municipality for at least 6 months.

Name _____

E-Mail _____

Civic Address with postal code

Mailing Address with postal code (if different from Civic Address)

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same as Civic Address

Preferred Phone # _____

Length of Residency in Municipality of the County Of Kings: _____

***Please attach a cover letter and resume outlining any relevant experience and background that you would bring to the position for which you are applying.**

Self-Identification (optional)

The Municipality of the County of Kings is committed to ensuring the communities we serve are represented through our citizen appointments to Municipal Committees. We are actively seeking applications from persons living with disabilities, racially visible persons, and members of other



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traditionally underrepresented groups. We understand the process of self-identifying can be difficult for some people. However, we ask applicants to assist us in this mandate of increasing representation of equity seeking groups by selecting one or more of the following options:

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Person living with a Disability
Indigenous
Black/African Nova Scotian
Visibly Racialized

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Women
Newcomer/Immigrant
Youth (30 or under)
2SLGBTQ+

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

Why are you interested in serving on this Committee? What contribution do you believe you can make to this Committee?

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



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

Are you a person living with a disability, or do you work or volunteer for an organization that works with people with disabilities?

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Person living with a Disability

Person who works or volunteers for an organization which works with people with disabilities

Name of Organization you work or volunteer for (if applicable):

What disability/disabilities do you live with or your organization represent?

Note: Members living with a variety of disabilities will bring diverse perspectives to this Committee.

Please let us know how we can best accommodate you so that you are able to fully participate on this Committee.



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The final approval of appointments is given by Municipal Council and the Village Commissions.

If you would like more information about the approval process, or if you have questions about the Joint Accessibility Advisory Committee, please contact Gordon Roussel at groussel@countyofkings.ca or (902) 690-2567.

The personal information on this form will be used only to assist in selecting appointees to this Committee.

Citizen members of this Committee will receive honorariums, paid quarterly based on attendance.

By submitting your application you are authorizing the Municipality of the County of Kings to provide your qualifications to the Nominating Committee and evaluators as required to fill the citizen vacancies and understand that all or part of this application may be made available to the public in accordance with the Nova Scotia Freedom of Information and Protection of Privacy Act.

Signature _____ **Date** _____

Applications must be submitted prior to 4:30 pm on the closing date to:

Nominating Committee,
Municipality of the County of Kings
181 Coldbrook Village Park Dr.
Coldbrook, NS B4R 1B9

Email. nominatingcommittee@countyofkings.ca | Fax. 902-679-2820



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Applicants may be contacted to arrange a preliminary meeting or interview. All applicants will be notified following the decision of Municipal Council and the Village Commissions.

For office use only: Closing Date: _____
Application Received: _____
Council Appointment/Nomination Date: _____
Term: _____ to _____
Replacing: _____ Honorarium amount: _____
SIN: _____
Copy to AP: _____
Notification 60 days prior to term expiring: _____
Post Vacancy at the end of term: _____