

## Citizen Appointment to Joint Accessibility Advisory Committee Application Form

March 2021

## **Board/Committee applied for: Joint Accessibility Advisory Committee**

<u>Please Note</u>: 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)  same as Civic Address
Preferred Phone #
Length of Residency in Municipality of the County Of Kings:
*Please attach a <u>cover letter</u> and <u>resume</u> 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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identi assis	ionally underrepresented groups ifying can be difficult for some p t us in this mandate of increas os by selecting one or more of the	eople. sing re	However, we ask applicants to epresentation of equity seeking				
	Person living with a Disability Indigenous Black/African Nova Scotian Visibly Racialized		Women Newcomer/Immigrant Youth (30 or under) 2SLGBTQ+				
	ribe how your lived experience, on might be helpful to this Committee		unity involvement, education, or				
Why are you interested in serving on this Committee? What contribution do you believe you can make to this Committee?							
	past contributions have you mad nization?	de on a	a similar committee or				



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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?  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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#### MUNICIPALITY OF THE COUNTY OF KINGS

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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 <a href="mailto:groussel@countyofkings.ca">groussel@countyofkings.ca</a> 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	n Date:		_
Term:	to		
Replacing:		Honorarium amount: _	
SIN:	-		
Copy to AP:			
Notification 60 days prior to term			
Post Vacancy at the end of term:			