



**The Corporation of the City of Stratford
Volunteer Member of the
Accessibility Advisory Committee For Disabled Persons**

Please complete the following application and submit to:

The Corporation of the City of Stratford Attention: City Clerk City Hall, P.O. Box 818, Stratford ON N5A 6W1	Telephone (519) 271-0250 x 237 Facsimile (519) 273-5041 Email: jthomson@city.stratford.on.ca
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REQUIREMENTS: Please check the following that apply to you:

- An elector A Canadian Citizen 18 Years of Age or Older
- A resident of Stratford or An eligible elector in Stratford
- I am a person with a disability; I am familiar with issues affecting persons with disabilities
- I am applying as an agent representative

PERSONAL DATA: Mr. Ms.

Mailing Address

Name

Address

Postal Code E-mail Address:

Telephone (Day-time) (Evening)

WHY YOU WOULD LIKE TO SERVE ON THE ACCESSIBILITY ADVISORY COMMITTEE FOR DISABLED PERSONS

PREVIOUS and CURRENT EXPERIENCE

Please provide previous/current work related, community service, or other volunteer activities and interest, skills or abilities you may contribute. Please attach a current resume, if available.

Applicant's Signature **Date**

Personal information on this form is collected under the authority of the Municipal Act, (and the legislation expressly associated with individual committees) and will be used by City Council for the purposes of recruitment of individuals to Municipal Boards and Committees. Information on this form will be disclosed to the Council for candidate selection purposes. Questions about the collection of information, or about the selection process in general, should be directed to the City Clerk at the address indicated at the top of the application.