



MUNICIPALITY OF EAST HANTS

VOLUNTEER REQUEST FORM Accessibility Advisory Committee

Name:		
Address:		
Phone:		
Email:		
Availability:	<input type="checkbox"/> Evenings Are you available to volunteer on the Accessibility Advisory Committee until December 2028? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you applying as someone with a disability or as a representative from an organization representing persons with disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A “disability” includes a physical, mental, intellectual, learning or sensory impairment, including an episodic disability, that, in interaction with a barrier hinders an individual’s full and effective participation in society.
Are you applying as a citizen-at-large?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Each member of the Committee is an independent representative to the Committee and does not represent the concerns of only one disability or group. The members of the Committee shall work together for the purpose of developing a common approach which is reasonable and practical.

