

**JOINT ACCESSIBILITY ADVISORY COMMITTEE FOR THE MUNICIPALITIES OF  
GRIMSBY, LINCOLN, NIAGARA-ON-THE-LAKE, PELHAM, THOROLD, WEST LINCOLN  
COMMITTEE APPLICATION FORM**

**PERSONAL DATA:**

**Name:**

**Address:**

**Postal Code:**

**Home Telephone Number:**

**Business Telephone Number:**

**Cell Telephone Number:**

**Email Address:**

**Please indicate the following:**

**I am an elector** **yes or no**

**I am a Canadian citizen** **yes or no**

**I am 18 years of age or older** **yes or no**

**I am a person with a disability** **yes or no**

**I am familiar with issues affecting people with disabilities** **yes or no**

**PREVIOUS EXPERIENCE:**

**Please list your experience: work related, community service or other volunteer activities. (If you wish to submit your resume please feel free to do so.)**

**What skills, abilities and specialized knowledge do you have that you feel will assist this committee?**

**Briefly indicate why are you interested in serving on the Joint Accessibility Advisory Committee?**

**What contribution do you believe you can make to this committee?**

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

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

**Applicant Signature (email applications accepted without signature):**

**Date:**

**Please return this application form to the attention of:**

**Ms. Joanne Scime, Clerk  
Township of West Lincoln  
318 Canborough St., Box 400  
Smithville, ON  
L0R 2A0  
[jscime@westlincoln.ca](mailto:jscime@westlincoln.ca)  
FAX: 905-957-3219**

Personal information on this form is collected under the authority of the Municipal Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will be used to evaluate the qualifications of citizen appointees to Township of West Lincoln Boards and Committees.

In accordance with the Accessibility for Ontarians with Disabilities Act, if you require this document or any additional documents in an alternative format, please contact our office at 905-957-3346. Please know that should you require any special accommodations in order to submit an application for a position on a Board or Committee with the Township of West Lincoln, we will endeavor to make such accommodations.

We thank all those applicants who apply and advise that acknowledgement will only be forwarded to successful applicants.

**DEADLINE FOR SUBMISSIONS – FRIDAY NOVEMBER 14, 2014 AT 4:30 PM**