



# Application for Appointment to the Oshawa Accessibility Advisory Committee

Personal information on this form is collected pursuant to Section 11 of the Municipal Act, 2001 and will be used to determine suitability for appointment to the Oshawa Accessibility Advisory Committee. Information contained on this form will be disclosed to members of Oshawa City Council. Questions about this collection should be directed to the City's Freedom of Information Coordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7, by phone at 905-436-3311 or by email at clerks@oshawa.ca.

### Requirements:

I am a person with a disability.

Please describe:

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I am familiar with issues affecting people with disabilities.

I am the parent of a person with a disability.

### Personal Information:

Last Name	First Name	Home Telephone	Business Telephone
Address	City	Postal Code	TTY

E-mail Address

### Education (list any of the following achievements – attach additional pages if required):

Licenses:

Certificates:

Professional Qualifications:

Courses:

Check here if additional information or a resume is attached.

**Skills:**

Describe any of your work-related skills, activities, experience or training that relate to the appointment being applied for.

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List your involvement (if any) with disability organizations and/or associations including any Board of Directors experience.

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Describe why you are seeking appointment to the Accessibility Advisory Committee.

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**References:**

Name	Telephone Number
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Association to person

Name	Telephone Number
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Association to person

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**Declaration** (please read carefully)

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Information provided in this application for appointment is treated confidentially. Review all the information you have provided since it will be used to determine your suitability for appointment. Sign and date the declaration below. Thank you for your interest in appointment with the City of Oshawa.

I certify that the statements made by me are true and complete to the best of my knowledge. I understand that any misrepresentation made by me in connection with this application will be sufficient cause for rejection of this application. I authorize investigation of all statements contained in this application, and release from liability any person or company furnishing such information.

I understand and agree that all personal information contained within this form will be disclosed to the members of Oshawa City Council, at their request, at any time during the term of any appointment made as a result of this application.

Signature of Applicant	Date

**Please submit completed applications to:**

City Clerk Services  
City of Oshawa  
50 Centre Street South  
Oshawa, ON L1H 3Z7

Telephone: 905-436-3311  
Fax: 905-436-5697  
Email: [clerks@oshawa.ca](mailto:clerks@oshawa.ca)