

Accessibility Committee Application Form

penticton.ca

NAME OF COUNCIL COMMITTEE		
Accessibility Committee		
CANDIDATE'S INFORMATION		
NAME OF APPLICANT:		
	PLEASE PRINT	
ADDRESS:		
	eet Address /City/Province/Postal Code	
PHONE: EMA	IL:	
THORE.		
QUALIFICATIONS OR RELATED KNOWLEDGE/EXPERIENCE		
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In accordance with Section (2)(a) and (c) of the <i>Accessible British Columbia Act</i> , at least half of members are persons with disabilities, or indivisuals who support, or are from organziations that support, person, with disabilities and at least one of the members is an Indingenous person. Please indicate the following:		
Person with disabilites or individual who supports or represents an organization that support persons with disabilites	Member of the Indigenous Other community	

REASON FOR SEEKING APPOINTMENT	
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l,, l	nereby signify that I am willing to accept an appointment to
the Task Force named herein, should I be appoint	ed to such by the Council of the City of Penticton.
A	oplicant's Signature
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Please submit completed applications to <u>committees@penticton.ca</u> or at City Hall, 171 Main street. If you have any questions, please call 250-490-2473.

Information collected on this form is done so under the authority of the *Freedom of Information and Protection of Privacy Act* (FOIPPA), and is protected in accordance with FOIPPA. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected, or for a use consistent with that purpose. For further information regarding the collection, use, or disclosure of personal information, please contact the Legislative Services Department at 250-490-2400.

Legislative Services Department

171 Main Street, Penticton, BC V2A 5A9

Phone: (250) 490-2473 committees@penticton.ca