

## ACCESSIBILITY ADVISORY COMMITTEE APPLICATION

Name :			
Mailing Addres	ss:		
Occupation (if applicable):			
Phone:	Email:		
Oak Bay invite	es you to apply to serve on our Accessibility Advisory Committee.		
	e will help Council and District staff develop an Accessibility Action Plan that will be the livability, inclusivity and accessibility for persons with disabilities, who live, in Oak Bay.		
address acces	e may also respond to referrals from Council or requests for advice from staff to ssibility issues related to District policies, programs, services, built environments, and outdoor spaces		
and staff suppof a disability, hours will be hours generally	e will consist of at least 5, and up to 9, voting members, plus a Council liaison port. At least half of the committee members will be people with lived experience or who represent accessibility serving organizations. Meetings of up to two held every other month, and more frequently if necessary. Committee members attend in person at Municipal Hall, or electronically via Zoom. Please see the rence attached for details on the work of the Committee.		
-	Ip completing this application, please email or call our Legislative Services staff ion@oakbay.ca or 250-598-3311 and we will be happy to take your application or in person.		
orientations, r capital region	elcomes applicants of all abilities, gender identities and expressions, sexual racialized identities and/or other lived experiences that reflect the diversity of the . We are also looking for people who represent one or more of the following ectors to volunteer their time to serve on the Accessibility Advisory Committee:		
(Please check	all that apply)		
First Na	iions		
Person	with a physical, sensory, mental, intellectual or cognitive impairment		
	'Organization who supports people with impairments ation name (if applicable):		
Youth (k	petween ages 16 and 26)		

	Social Work/Health Care	
	Other (please specify)	
Tellu	s briefly why you want to serve on the Accessibility Advisory Committee.	
Ten u	s briefly why you want to serve on the Accessibility Advisory Committee.	
List any social, government, or service organizations on which you are currently serving (volunteer, employee or board member).		
empid	byee of board member).	
Briefly describe any accessibility barriers that have hindered or prevented you (or the person(s) you support) from participating in a municipal program, accessing municipal services, or fully enjoying Oak Bay's natural or built environment (e.g., sidewalks, municipal buildings, parks, trails, beaches).		

By submitting this form, I confirm and acknowledge  I have read and understand the terms of refere  I am not currently an elected official, or an em  I am able to comply with all the requirements	ence for the Accessibility Advisory Committee, ployee of the District, and
Signature	Date:
COMPLETED APPLICATION: Please submit your application f January 26, 2023, to Corporate Services Department, District of Oak Bay, 216 Phone: 250 598 3311   Email: administration@oakbay.ca	7 Oak Bay Avenue, Victoria BC V8R 1G2

Personal information is collected by the District of Oak Bay under the authority of s.26(c) of the Freedom of Information and Protection of Privacy Act for the purpose of processing Accessibility Advisory Committee applications. Should you have any questions about the collection of this personal information, please contact Corporate Services, District of Oak Bay, 2167 Oak Bay Avenue, Victoria BC V8R 1G2 Phone: 250.598.3311 | Email: <a href="mailto:administration@oakbay.ca">administration@oakbay.ca</a> | Fax: 250.598.9108