





Describe any of your work or volunteer-related skills, activities, experience or training that relate to the citizen member position(s) being applied for. *Please note that you may also attach a list of education, work experience and community involvement to this application.*

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Are you applying for the Brantford Accessibility Advisory Committee?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please complete remaining section.** If no, please move onto Outreach Initiatives section.

Are you a person with a disability? **Please note this question is optional** and you may choose not to answer this question.

Yes \_\_\_\_\_ No \_\_\_\_\_ Prefer not to say \_\_\_\_\_

If you are a person with a disability, do you wish to voluntarily disclose the nature of your disability? **This question is optional** and you may choose not to answer this question.

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Please note any requested accommodations you may have.

\_\_\_\_\_  
\_\_\_\_\_

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**Outreach Initiatives**

How did you learn about this position? (please check all that apply)

- Newspaper (please specify) \_\_\_\_\_
- City's website
- Televised meeting of Committee and/or Council
- Through a Community Organization
- Word of Mouth
- Other (please specify) \_\_\_\_\_

Do you have any suggestions on other outreach initiatives (organizations, agencies, networking groups, newsletters, circulars, notice boards, etc. that could be notified of upcoming citizen member vacancies) that could be considered?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**References**

Please include the names and contact number(s) of three references that may be contacted respecting your application.

	Name	Contact Number(s)
1.	_____	_____
2.	_____	_____
3.	_____	_____

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**Declaration** (Please read carefully)

I certify that the statements made by me are true and complete to the best of my knowledge and I understand that any misrepresentation made by me in connection with this application will be sufficient cause for rejection of this application.

I have also read and understand the Policy respecting the Appointment of Citizens Members to City of Brantford Boards, Advisory Committees and other Committees to which Council makes appointments.

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Signature of applicant

Date

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**Application Deadline**

Please return your completed application **no later than 4:30 p.m. on the deadline date** to:

City Clerk  
City of Brantford  
58 Dalhousie Street  
P.O. Box 818  
Brantford, ON N3T 5R7

(519) 759-7840 (fax)  
[Appointments@brantford.ca](mailto:Appointments@brantford.ca) (e-mail)

It is your responsibility to ensure that your application is received by the deadline date as late applications will not be considered.

Personal information on this form is collected under the authority of subsections 8(1) and 10(1) of the *Municipal Act, 2001*, as amended, and will be used to determine the qualifications for appointment to various City Boards, Advisory Committees and other Committees to which Council makes appointments. Questions about this collection can be directed to the Deputy Clerk/Manager, Legislative Services, 58 Dalhousie Street, P.O. Box 818, Brantford, Ontario N3T 5R7, telephone (519) 759-4150 ext. 5713.