

(Note: Membership must include at least seven (7) members with disabilities as defined by the *Ontarians with Disabilities Act* and up to five (5) members of the community with preference being given to parents and/or caregivers of disabled persons)

Name: _____

Address: _____

Contact: _____
 Telephone (home) Telephone (business) Email

I am a qualified elector and resident in the City of Brampton
 (Canadian citizen and 18 years of age or older)

Do you have any relatives who are employees of the City or the Library Board?

No Yes _____

Have you previously been appointed as a citizen representative on a City Committee?

No Yes (if yes, please state)

See note above regarding membership requirements:

Person with a disability Parent/caregiver of a disabled person(s)

Other (please specify) _____

Please provide details with respect to your interest/qualifications (Please attach additional pages if necessary)

All appointments are subject to a Police Criminal Background Check.

Signature

Date

Personal information on this form is collected under the authority of the Municipal Act and will be used only for the purpose of citizen selections to committees. Questions about the collection of personal information should be directed to the Freedom of Information and Privacy Coordinator, City Clerk's Office, City of Brampton, 2 Wellington Street West, Brampton, ON L6Y 4R2

For Office Use Only

Application Received _____

Interview Date/Time _____