Library Accessibility Committee Application

Application Deadline: August 31, 2023

Application

Contact Information

1. Name

First _____ Last _____

2. Preferred Name _____

3. Preferred Personal Pronoun ☐ She ☐ He ☐ They ☐ Other

4. Address

Street Address _____

Address Line 2 _____

City _____ Province _____ Postal Code _____

5. Phone _____

6. Email _____

7. How would you like us to contact you if you are selected for an interview?

☐ Email ☐ Phone ☐ Voice/TTY

8. How did you hear about the Advisory Committee?

☐ Friend
☐ Organization
☐ Social media
☐ Library website
☐ Advertisement
☐ Other

Interest

9. Why are you interested in participating in this committee?

10. What do you hope you can put in motion as a member of this committee? *(Required)*

Experience

11. My experience is best described as: *(Required)*

- ☐ Lived experience
- ☐ Experience as an advocate for a friend or loved one
- ☐ Work experience with an accessibility-related group or organization
- ☐ Other

12. a) Are you a person who lives with a disability or impairment? *(Required)*

☐ Yes ☐ No

12. b) If yes, under which category does your disability fit?

Please select all that apply.

- ☐ Mobility and Physical
- ☐ Intellectual or Learning
- ☐ Psychiatric
- ☐ Visual
- ☐ Hearing
- ☐ Neurological
- ☐ Other

13. a) Are you a member or employee of an organization representing people with disabilities? ***(Required)***

☐ Yes ☐ No

13. a) If yes, which organization:

_____

14. a) Do you have experience working with people of varying abilities? ***(Required)***

☐ Yes ☐ No

14. b) If yes, will you please share one example of where you worked or volunteered and briefly outline your role and responsibilities? ***(Required)***

_____

_____

_____

_____

15. a) Do you have experience serving on a board or advisory committee? ***(Required)***

☐ Yes ☐ No

15. b) If yes, please Describe your experience serving on a board or advisory committee.

_____

_____

_____

_____

16. Please indicate which of the following areas you have knowledge and understanding of, as they relate to accessibility and accessible practices. ***(Required)***

Please select all that apply.

☐ Built environment

☐ Education

☐ Employment

☐ Goods and services

☐ Information and communications

☐ Transportation

Availability

The Library will work with successful applicants to determine the most suitable times and locations for Accessibility Advisory Committee meetings.

Members of this committee must be able to commit to approximately 3 hours of volunteer time per meeting, 4-5 times per year.

17. Are you able to commit to attending 4-5 meetings per year? ***(Required)***

☐ Yes ☐ No

Mail to: Lisa Mulak
Library Accessibility Committee Chair
Cape Breton Regional Library
50 Falmouth St.
Sydney, NS
B1P 6X9

email: access@cbrl.ca

Completed application forms can also be submitted to your local library branch.