





Eastern Shelburne County Accessibility Advisory Committee Application Form

Applicant Name:		
Civic Address:		
Mailing Address:		
Telephone:		Cell:
Email:		
Occupation:		
Describe how your life experiences, community involvement, education, or work might be helpful to this committee. Why are you interested in serving on this committee?		
What contribution of	do you believe you can make	to this committee?

What past contributions organization?	s have you made on a similar committee or	
	u have in exchanging your views with others and in cting the skills, abilities and knowledge of others?	
Are you a person with a disability? Yes No		
What disability/disabilities do you represent (if applicable)?		
Do you represent an organization representing people with disabilities? Yes No		
What disability/disabilities does your organization represent (if applicable)?		
Applicant Signature:		
Date:		

Submit your completed application to:

Michelle Vacon, Accessibility Coordinator Municipality of Shelburne, Town of Shelburne, & Town of Lockeport

- By Email: <u>Michelle.Vacon@municipalityofshelburne.ca</u>
- By Mail: Municipality of Shelburne Recreation and Parks Department, P.O. Box 280, Shelburne NS, B0T 1W0
- In-person:
 - The Municipality of Shelburne Administration Building at 414 Woodlawn Drive, Shelburne, Monday-Friday between 9am and 4:30pm

- The Town of Shelburne Office at 168 Water Street, P.O. Box 670, Shelburne, Monday-Friday between 9am and 3:00pm
- The Town of Lockeport Office at 26 North Street, Lockeport, Monday-Friday between 8:30am and 4:00pm

For inquiries, contact:

Michelle Vacon, Accessibility Coordinator Municipality of Shelburne, Town of Shelburne & Town of Lockeport

Phone: 902-874-0006

Email: Michelle.Vacon@municipalityofshelburne.ca