



Eastern Shelburne County Accessibility Advisory Committee
Application Form

Applicant Name:		
Civic Address:		
Mailing Address:		
Telephone:		Cell:
Email:		
Describe how your life experiences, community involvement, education, or work that might be helpful to this committee.		
Why are you interested in serving on this committee?		

What contribution do you believe you can make to this committee?	
Do you have experience with other community-based committees, groups, or organizations? If so, please briefly elaborate.	
Are you a person with a disability? Yes No (circle answer)	
What disability/disabilities do you represent (if applicable)?	
Do you represent an organization representing people with disabilities? Yes No (circle answer)	
What disability/disabilities does your organization represent (if applicable)?	
Applicant Signature:	
Date:	

Submit your completed application to:

Adam Dedrick, Director of Recreation & Parks, Municipality of Shelburne

- By Email: Adam.Dedrick@municipalityofshelburne.ca
- By Mail: P.O. Box 280 Shelburne NS B0T 1W0
- In-person: Municipal Administration Building, 414 Woodlawn Drive

For inquiries contact Adam Dedrick (email above) or call 902-875-3544 x225