

CONTACT INFORMATION		
Business/Organization/Group Name: <i>(if applicable)</i>		
Last Name:	First Name:	Middle Initial:
Address:	City:	Postal Code:
Province:	Email:	
Home Phone:	Cell Phone:	Work Phone:
DETAILS		
Why would you like to be part of the City of Quesnel's Accessibility Committee?		
Are you a person who supports and/or works with people with disabilities? ☐ Yes ☐ No <i>If yes, please describe how you support and/or work with people with disabilities:</i>		
Are you a person who is living with a disability or who is differently abled? ☐ Yes ☐ No <i>If yes, please describe your disability:</i>		
Are you available to attend in-person and/or virtual quarterly committee meetings? ☐ Yes ☐ No <i>If you are only available during certain times and/or dates, please indicate them below:</i>		
Other Comments:		

Please submit this form by email to cityhall@quesnel.ca or drop it off at City Hall reception at 410 Kinchant St, Quesnel BC V2J 7J5. Printed copies are also available at City Hall reception.