



**CAPITAL WEST ACCESSIBILITY ADVISORY COMMITTEE RESIDENT  
REPRESENTATIVE APPLICATION**

The Capital West Accessibility Advisory Committee serves the City of Colwood, City of Langford, District of Highlands, District of Metchosin, District of Sooke, Town of View Royal and the Township of Esquimalt. The Committee will assist the partner municipalities above as outlined in the *Accessible BC Act*. The Committee may also respond to referrals from the Councils of the partner municipalities or requests for advice from staff to address accessibility issues as noted in the Committee Terms of Reference and the *Accessible BC Act*.

Membership will include one (1) community representative from each of the partner municipalities as voting members. A meeting schedule will be provided to successful candidates. Committee members may generally attend meetings in person or online through the platform utilized by the host municipality. Please review the Terms of Reference on the partner municipality’s websites for more information regarding the Committee.

If you have any questions or require assistance completing this application, please contact \_\_\_\_\_ via email to: \_\_\_\_\_ or by phone \_\_\_\_\_.

The Committee welcomes applicants of all abilities, gender identities and expressions, sexual orientations, racial identities, and or other lived experiences that reflect the diversity of the Capital Region.

Full Name:

Street Address:

City:

Postal Code:

Email Address:

Phone Number:

The Committee is seeking representatives residing in the following municipalities. Please indicate which municipality you live in below:

- City of Colwood
- City of Langford
- District of Highlands
- District of Metchosin
- District of Sooke
- Town of View Royal
- Township of Esquimalt



Do you identify as a person with a disability?  YES  NO

Are you representing an organization that supports persons with disabilities?  YES  NO

Do you support or provide care to a person with a disability?  YES  NO

Please describe your disability/disabilities or relevant experience as a caretaker/support person. Similarly, if you represent an organization that supports persons with disabilities, please provide a description of the work undertaken: *(Optional)*

Do you identify as an Indigenous person?  YES  NO

Why are you interested in joining the Capital West Accessibility Advisory Committee?

What related skills, knowledge, or experience do you have that may benefit this committee? (limited space below - attachments accepted)



What accessibility accommodations do you require, if any?

Complete applications are due by \_\_\_\_\_. Please submit applications by email, mail, or in person:

- Email:
- In person at the Municipal Hall of either the City of Colwood, Township of Esquimalt, District of Highlands, City of Langford, District of Metchosin, District of Sooke, or Town of View Royal:

City of Colwood	3300 Wishart Road
Corporation of the Township of Esquimalt	1229 Esquimalt Road
District of Highlands	1980 Millstream Road
City of Langford	2nd floor – 877 Goldstream Avenue
District of Metchosin	4450 Happy Valley Road
District of Sooke	2205 Otter Point Road
Town of View Royal	45 View Royal Avenue

**Freedom of Information and Protection of Privacy Act Collection Notice**

*Personal information is collected by the municipalities of the Capital West Accessibility Advisory Committee (City of Colwood, City of Langford, Town of View Royal, District of Sooke, Township of Esquimalt, District of Metchosin, and the District of Highlands) under the authority of s.26(c) of the Freedom of Information and Protection of Privacy Act for the purpose of processing Accessibility Advisory Committee applications. Should you have any questions about the collection of this personal information, please contact Corporate Services, HOST MUNICIPALITY PHYSICAL ADDRESS Phone: | Email:*