

Application for Membership to Transportation Advisory Sub-Committee

Please print clearly. Sign and date at the end.

Personal Information:

First Name: _____ Last Name: _____

Home Address: _____

(incl. postal code) _____

E-mail address: _____

Home Phone No.: _____ Work Phone No.: _____

Are you 18 years of age or older: Yes No

Are you an employee of the City of Sault Ste. Marie or one of its agencies: Yes No

(The following 4 questions are optional. They are meant to help ensure membership reflects the demographics of the City of Sault Ste. Marie).

Do you self-identify as a person living with a disability? Yes No

If so, is your disability "invisible"? *(i.e. others may not immediately realize you have a disability)*

Yes No

Sex: Male Female

Do you live within the urban service line?

Do you use: Parabus Conventional Transit

Tell us what you hope to accomplish through this volunteer experience.

Tell us about your previous volunteer experiences.

Tell us how your education would help your work on the Transportation Advisory Committee.

Tell us how your experience would help your work on the Transportation Advisory Committee.

The City is committed to ensuring that the composition its Boards and Committees reflect, as much as possible, its population's diversity in terms of gender, official language, geographic representation, race and disability. What information would you like us to know about you to strengthen your application in this regard?

Declaration and Signature:

I certify that the information contained in this application form is true.

Signature: _____

Date: _____

Note: Your personal information is protected under privacy legislation and will only be used for the purpose of appointments to the Transportation Advisory Committee during the current recruitment process.