![Chilliwack School District logo]

Accessibility Advisory Committee Application (Summer 2024)

The Chilliwack School District has formed an Accessibility Advisory Committee to advise the organization on the development and implementation of its Accessibility Plan. The plan includes identifying barriers to accessibility within the School District, following the directives of the *Accessible British Columbia Act*. The committee will continue to follow the principle of "nothing about us without us."

Please review the Accessibility Committee Overview or more information and then complete this application form.

If you cannot complete this form, please call 604-792-1321 and a receptionist will take your information and have someone connect with and assist you.

Application

Personal information is collected by the Chilliwack School District under Section 26 of the Freedom of Information and Protection of Privacy Act (FIPPA), the School Act, and District Policy 210 – Privacy.

1. First and Last Name: _____

2. Please provide your phone number: _____

3. Please provide your email address: _____

4. I am a: (select all that apply)
   - ☐ Student
   - ☐ Parent/Guardian/Caregiver
   - ☐ SD33 Staff Member
   - ☐ Local Community Member

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5. Are you a person who self-identifies as having Indigenous ancestry?
   - ☐ Yes
   - ☐ No
   - ☐ Prefer not to answer

6. Please select all that apply:
   - ☐ I am a person with a visible or invisible disability.
   - ☐ I am a member of a disability-serving organization.
   - ☐ I am a parent/guardian/caregiver supporting a student with a disability.
   - ☐ I am a person from another equity-deserving group.
   - ☐ Other (please specify):
   _____

7. Do you have any comments or questions?

   _____
   _____
   _____

8. Are you able to meet at least four times a year for half-day to full-day meetings?
   - ☐ Yes
   - ☐ No
   - ☐ Maybe

9. Are you able to meet for the first meeting on August 26, from 3:00pm to 6:30pm?
   - ☐ Yes
   - ☐ No

10. Did you experience a barrier or require assistance in filling out this form?
    - ☐ Yes
    - ☐ No

11. If yes, what barrier did you experience and/or what assistance did you require when filling out this form?

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