



## **Accessibility Advisory Committee**

### **Expressions of Interest**

Metrobus is seeking volunteers to join our Accessibility Advisory Committee to support the development of an accessibility plan for public transit (Metrobus & GoBus). The committee will provide advice and support on identifying, preventing, and removing barriers to people with disabilities using public transit.

#### **Who should apply?**

The Committee will include representation from a variety of perspectives (cross-disability). Members may be individuals with disabilities or individuals from organizations representing people with disabilities. Additionally, committee members should have experience using Metrobus and/or GoBus and be able to lend their expertise in identifying existing or potential barriers in areas such as customer service, the built environment, information and communication, and policy development, as well as solutions to overcome those barriers.

#### **How to apply?**

Interested individuals are asked to complete the application form below.

Applications should be forwarded by email: [accessibility@metrobus.com](mailto:accessibility@metrobus.com) or by mail:

Metrobus Accessibility Advisory Committee  
25 Messenger Drive  
St. John's, NL  
A1B 0H6

If you require assistance to apply or for further information, please call 570-2140. Alternate formats will be available upon request.

**Deadline to apply: April 5<sup>th</sup>, 2023**



**Accessibility Advisory Committee  
Application Form**

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Occupation (if representing an organization): \_\_\_\_\_

**Why are you interested in serving on this committee?**

**Please describe how your lived experience, community involvement, education or work might be helpful to this committee.**

**What experience have you had working on boards or committees?**

**Are you a person with a disability, or do you represent an organization representing people with disabilities? If so, what category of disability/disabilities do you or your organization represent?**

**Do you currently use public transit? If yes, which service do you primarily use – Metrobus or GoBus?**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit completed applications by email: [accessibility@metrobus.com](mailto:accessibility@metrobus.com) or by mail:

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