Cape Breton Regional Library Accessibility Committee

Community Member Application

Cape Breton Regional Library (CBRL) is looking for community members to join its Accessibility Committee.

The Accessibility Committee helps CBRL identify, prevent, and remove barriers that may make it harder for people with disabilities to access library services, spaces, programs, information, and employment opportunities.

The committee also reviews progress on the Library's Accessibility Plan and helps identify priorities for future action.

We welcome applications from people who:

- Are people with disabilities;
- Support or care for a person with a disability; or
- Work or volunteer with an organization that supports, serves, or advocates for people with disabilities.

You do not need to provide a diagnosis or any personal medical information.

Contact Information

Name _____

Community where you live _____

Community where you work (if different) _____

Email _____

Phone _____

How would you prefer us to contact you?

☐ Email

☐ Phone

☐ Other: _____

Your Connection to Accessibility

Which of the following describe your connection to accessibility?

Check all that apply.

☐ I am a person with a disability.

☐ I support or care for a person with a disability.

☐ I work or volunteer with an organization that supports, serves, or advocates for people with disabilities.

Organization Name _____

Disability Experience (Optional)

This question is intended for applicants who identify as a person with a disability.

We ask it to help ensure the committee includes people with a range of disability experiences and perspectives. Your answer will not affect your eligibility. You do not need to provide any medical information or diagnosis.

If you identify as a person with a disability, which of the following best describe your experience? Check all that apply.

☐ Blind, low vision, or another vision-related disability

☐ Deaf, hard of hearing, or another hearing-related disability

☐ Mobility-related disability

☐ Dexterity-related disability

☐ Learning, cognitive, memory, or neurodevelopmental disability

☐ Mental health disability

☐ Chronic illness, chronic pain, or fatigue-related disability

☐ Speech or communication disability

☐ Other (please specify):_____

☐ Prefer not to say

Interest in the Committee

Why are you interested in joining the CBRL Accessibility Committee?

Are there any accessibility issues or barriers that are especially important to you?

Community Representation

CBRL serves communities throughout Cape Breton Regional Municipality and Victoria County.

When selecting committee members, we will try to include people from different communities and backgrounds.

Are there communities or regions of CBRM or Victoria County that you feel connected to or able to represent?

Meetings and Term

Committee members serve a two-year term.

The committee is expected to meet four times each year. Meetings may be held in person, online, or in a combination of formats.

Are you willing to serve a two-year term?

☐ Yes

☐ No

☐ Unsure

Are you able to attend four meetings each year?

☐ Yes

☐ No

☐ It depends (please explain if you wish): _____

Which meeting format works best for you?

☐ In person

☐ Virtual

☐ Either

☐ It depends on the meeting time or location

Accessibility and Participation

CBRL is committed to making the application and committee process accessible.

Do you need any help or support to participate in committee meetings?

Additional Information

Is there anything else you would like us to know when considering your application?