



**Metrobus Accessibility Committee
Application Form**

Applicant Name: _____

Street Address: _____

Postal Code: _____

Phone: _____

Email: _____

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? If so, what is the nature of your disability (physical, mental health, neurodivergent, cognitive, etc.). We ask for this information because we want to ensure our committee reflects a wide range of disability perspectives.

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 or by mail:

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

Deadline to apply: September 9th, 2024