



Virginia Beach Mayor's Committee for Persons with Disabilities

Application Form

Type of Membership: Check appropriate category (s)

- Individual (Disabled)
 Individual (family member of a Disabled Individual)
 Service Provider
 Organization (name of organization) - _____
Position within organization - _____
 Ex-officio
City Department (name of dept.) - _____
Position within department - _____

Name: _____
(First) (Last)

Home Address: _____

City: _____ State: _____ Zip: _____

Phone # at Home: _____ - _____ - _____ at Work: _____ - _____ - _____

Fax: _____ - _____ - _____ E - Mail: _____

Educational Background: _____

Occupation/Employer: _____

Civic/Volunteer Activities: _____

Additional Background Information: _____

Describe your Disability and/or involvement/interests with Persons/issues with Disabilities:

Why are you interested in serving on this Committee?

(Applicants Signature)

Date: _____/_____/_____

Please Return To:

Office of the Mayor, City of Virginia Beach
Municipal Center, Building 1
2401 Courthouse Road
Virginia Beach, VA 23456
(757) 385-4581
Fax (757) 385-5699
TDD (757) 385-4305