



**Member Application
San Joaquin County**

Voting Accessibility Advisory Committee (VAAC) Application

Name: _____ Date: _____

County: _____

Employer: _____ Job Title: _____

E-mail: _____ Phone Number: _____

For each of the following please limit responses to one paragraph.

1. Please describe your relevant experience with voter assistance.
2. Please describe your relevant experience with providing voting assistance to senior citizen, Americans with Disabilities Act (ADA), and/or minority represented voters.
3. Please describe any experience with state and federal laws regarding voting accessibility issues.
4. Please describe any experience in voter outreach, education, or engagement.
5. Explain your interest in being a VAAC member.