

Accessibility Advisory Committee Membership Application

Name: _____

Street Address: _____

| | | |
|-------|--------|------|
| City: | State: | Zip: |
|-------|--------|------|

| | |
|-------------|-------------|
| Home Phone: | Cell Phone: |
|-------------|-------------|

Email Address: _____

Are you a registered voter in the state of Washington Yes No

| Which Community Would you like to represent? | Are you: |
|---|---|
| <input type="checkbox"/> Blind or visually impaired <input type="checkbox"/> Deaf or hard of hearing <input type="checkbox"/> Intellectual and/or cognitive disabilities <input type="checkbox"/> Learning disabilities <input type="checkbox"/> Mobility impaired <input type="checkbox"/> Other (please describe) _____ | <input type="checkbox"/> A registered Franklin County Voter <input type="checkbox"/> A person with a disability <input type="checkbox"/> Parent/Guardian of voting adult with disability <input type="checkbox"/> Professional/expert in disability accommodation <input type="checkbox"/> Other (please describe) _____ |

References (Please list two names of references with their address, telephone, and relation)

| | | | |
|-------|----------|--------|-----------|
| Name: | Address: | Phone: | Relation: |
| | | | |
| Name: | Address: | Phone: | Relation: |
| | | | |

Membership in professional, civic organizations, government boards, commissions, and volunteer activities:

Additional Information:

What is your usual mode of transportation (i.e. public transit, Dial-A-Ride, personal vehicle, etc.)?

Availability:

| | | | | |
|------|------|------|--------|------|
| Mon: | Tue: | Wed: | Thurs: | Fri: |
|------|------|------|--------|------|

Signature: _____

Thank you for applying!
 Voting Accessibility Advisory Committee
 c/o Franklin County Elections
 PO Box 1451
 Pasco, WA 99302

