



**PLACER COUNTY ELECTIONS OFFICE**

2956 Richardson Drive, Auburn, CA 95603

P.O. Box 5278, Auburn, CA 95604-5278

(530) 886-5650 or (800) 824-8683

**Voting Accessibility Advisory Committee Application**

The Placer County Voting Accessibility Advisory Committee (VAAC) will meet on a regular basis to discuss methods of improving voting accessibility and participation for older adults and persons with disabilities. Policy recommendations formulated at meetings will be reviewed by election officials and may be considered for adoption. All members are asked to remain on the committee for at least one (1) year from the date of the first meeting.

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|-------------------|-----------------------|------------------|
| <b>First Name</b> | <b>Middle Initial</b> | <b>Last Name</b> |
|-------------------|-----------------------|------------------|

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|--------------------------|-------------|------------|
| <b>Residence Address</b> | <b>City</b> | <b>ZIP</b> |
|--------------------------|-------------|------------|

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|---|-------------|------------|
| <b>Mail Address (if different from residence)</b> | <b>City</b> | <b>ZIP</b> |
|---|-------------|------------|

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Phone (required): Cell # \_\_\_\_\_ Home/Other # \_\_\_\_\_

**Organization Information (if applicable)**

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**Name of Organization**

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**Organization Type**

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| <b>Website Address</b> | <b>Organizational Capacity</b> |
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**Service Provided**

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| <b>Estimated Membership Count</b> | <b>Meeting Frequency and Attendance</b> |
|-----------------------------------|---|

Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Are you a registered Placer County voter? Yes \_\_\_ No \_\_\_

Have you served on a VAAC before? Yes \_\_\_ No \_\_\_ If yes, where: \_\_\_\_\_

Are you a Placer County employee? Yes \_\_\_ No \_\_\_ If yes, which department: \_\_\_\_\_

Are you currently, or intend to be, a candidate for office or a current officeholder? Yes \_\_\_ No \_\_\_

If yes, which office: \_\_\_\_\_

Are you willing to attend quarterly meetings in-person and/or virtually? Yes \_\_\_ No \_\_\_

Do you have experience working on accessibility issues pertaining to disability rights?  
Yes \_\_\_ No \_\_\_

\*Please describe your relevant experience in the space below. You can attach additional pages, if needed.

Do you have experience participating in an election or outreach in engaging community members?  
Yes \_\_\_ No \_\_\_

\*Please describe your relevant experience in the space below. You can attach additional pages, if needed.

**I affirm that I formally apply for membership with the Placer County Voting Accessibility Advisory Committee (VAAC). I commit myself to being a member of the committee for at least one (1) year from the date of the first meeting I attend.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

This application will not be accepted without the signature of the applicant. All applications will be considered, though priority membership will be offered to voters of Placer County. Please return this completed application to:

Placer County Clerk-Recorder-Elections Office  
2956 Richardson Drive  
Auburn, CA 95603

or by email to: [Election@placer.ca.gov](mailto:Election@placer.ca.gov)