



**Voting and Language Accessibility Advisory Committee (VAAC/LAAC)**  
**Membership Application**

Complete this application if you would like to serve on the County of Tuolumne Voting and Language Accessibility Committee (VAAC/LAAC). Please be advised you are not required to have a disability or speak another language to serve on this committee.

Please contact our office as early as possible with any questions.

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Phone - Home: (\_\_\_\_)\_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_

Email Address: \_\_\_\_\_

- Are you a registered voter in Tuolumne County?:  Yes  No
- Do you have disability?:  Yes  No

Please note any accommodations needed: \_\_\_\_\_

- Can you speak Spanish?:  Yes  No
- Will you be representing an organization?:  Yes  No

If so, which organization: \_\_\_\_\_ Your Position: \_\_\_\_\_

I hereby declare the information provided in this application is true, correct, and complete to the best of my knowledge. I understand that my statement may be verified and I give permission to do so.

Signature: \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_