



County of Kings  
Voting Accessibility Advisory Committee

**Get Involved:**

The Voting Accessibility Advisory Committee (VAAC) is an advisory committee to the county elections office.

VAAC members serve at the discretion of the County Registrar. The mission of the VAAC is to advise, assist and provide recommendations to the County Registrar with implementation of federal and state laws relating to access to the electoral process by voters with disabilities, so that all persons can vote independently and privately.

VAAC members will be expected to attend monthly/bi-monthly/quarterly/regular meetings at the county elections office. This is a volunteer committee. There is no stipend or reimbursement for participating in the VAAC.

**Desired Qualifications:**

- Demonstrated interest and involvement with people with disabilities and/or senior citizens.
- Willingness to dedicate no fewer than 20 hours per year to VAAC meetings and/or activities.
- Experience in voting rights, voter outreach, voter education, and/or voter engagement.
- Ability to attend monthly/bi-monthly/quarterly/regular meetings.
- Willingness to serve at least two years.



**VOTING ACCESSIBILITY ADVISORY COMMITTEE  
MEMBER APPLICATION**

***Please type or print. Incomplete applications will not be considered.***

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Present Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Are you a registered voter?  Yes  No

How long have you lived in California? \_\_\_\_\_

Are you currently an elected or appointed public officer?  Yes  No

Please list any organizations with which you are presently active and you would represent on the VAAC. Please give the organization name, nature of your activities and duties and approximate dates you have been involved with the organization. *Use additional paper if necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby declare the information provided in this application for the VAAC 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