

# County of Santa Clara

Registrar of Voters

1555 Berger Drive, Bldg. 2  
San Jose, CA 95112  
Mailing Address: P.O. Box 611360, San Jose, CA 95161-1360  
(408) 299-VOTE (8683) (866) 430-VOTE (8683) FAX: (408) 998-7314  
www.sccvote.org



---

## Voting Accessibility Advisory Committee (VAAC) Application

The **Voting Accessibility Advisory Committee** will meet on a regular basis to discuss methods of improving voting accessibility and participation for older adults and persons with disabilities. Policy recommendations may be formulated at meetings which will be considered for adoption. All members must commit to remaining on the committee for at least one (1) election cycle from the date of the first meeting.

---

**Please describe your relevant experience in the space below:**

*Experience in working on accessibility issues pertaining to disability rights, etc.:*

*Additional information can be listed on a separate sheet*

*Participation in an election or outreach in engaging community members:*

*Additional information can be listed on a separate sheet*

**Please select all that apply:**

- Santa Clara County Resident
- Employed in Santa Clara County
- Affiliated with an organization serving Santa Clara County Residents
- None of the above

I formally apply for membership with the **Voting Accessibility Advisory Committee** for Santa Clara County. I commit myself to being a member of the committee for at least one (1) election cycle from the date of the first meeting I attend.

**Applicant Information**

Last Name	First Name	Middle Name
Email Address		Phone Number (optional)
Residence Address		
City	State	Zip Code
Mailing Address (if different than above)		
City	State	Zip Code

**Organizational Information (if applicable)**

Name of organization you represent:	
Organization type:	
Website:	
Organizational capacity:	
Service provided:	
Estimated membership count:	
Meeting frequency and attendance:	

**This application will not be accepted without the signature of the applicant.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Please return this completed application to the  
County of Santa Clara Registrar of Voters' Office: Public and Legislative Affairs  
Phone: (408) 282-3008 | Email: rov.media@rov.sccgov.org**