County of Santa Clara

Registrar of Voters

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



Language Accessibility Advisory Committee (LAAC) Application

The <u>Language Accessibility Advisory Committee</u> will meet on a regular basis to discuss methods of seeking community input on ways the new Voter's Choice Act model could better serve all voters, including those with limited English proficiency. 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 language access other than English:				
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	☐ 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 <u>Lar</u>		=			
myself to being a member of the committee	for at least one (1) election	n cycle from the date of	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 withou	ıt the signature of the ap _l	olicant.			
Signature of Applicant		Date	:		

Please return this completed application to:
Santa Clara County Registrar of Voters' Office: Administrative Services Division
Phone: 408-918-9168 | Email: voterschoice@rov.sccgov.org