

**Santa Barbara County Elections**  
**Voting Accessibility Advisory Committee (VAAC) Application**

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

Thank you for your interest in the Voting Accessibility Advisory Committee (VAAC). To apply for appointment to the committee, please complete the following application. Applications can be emailed to [poll1@co.santa-barbara.ca.us](mailto:poll1@co.santa-barbara.ca.us), faxed to (805)568-2209, or mailed to PO BOX 61510, Santa Barbara, CA 93160-1510 Attn: Poll Operations.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

Are you, or have you been in the past, a member of a local/county VAAC or advisory committee for an elections official?

No     Yes, County: \_\_\_\_\_

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- 1) Do you have a position or first-hand experience that you feel helps you to understand and represent the point-of-view of a specific community of people who share a disability? (If yes, then in a few sentences please describe the specific community and how your experience relates to disability access, outreach, advocacy, or technology.)

No     Yes, community/org/disability and related experience:

- 2) In a few sentences, please describe what is it about ensuring that people with disabilities have access to the elections process that interests you.

I hereby declare the information provided in this application for the Santa Barbara County Elections 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.

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Signature

Date