



## VOTING ACCESSIBILITY ADVISORY COMMITTEE APPLICATION

Name:		Street Address:	
City:	Zip Code:	Home Phone:	
Work Phone:	Cell Phone:	Email:	

Are you a registered voter in the state of Washington?  
 Yes  No

Which community would you like to represent?	Are you:
<input type="checkbox"/> Blind or visually impaired <input type="checkbox"/> Deaf or hard of hearing <input type="checkbox"/> Intellectual and/or cognitive disabilities <input type="checkbox"/> Learning disabilities <input type="checkbox"/> Mobility impaired <input type="checkbox"/> Other (please describe)	<input type="checkbox"/> A person with a disability <input type="checkbox"/> Parent/Guardian of voting adult with disability <input type="checkbox"/> Professional/expert in disability accommodation <input type="checkbox"/> Other (please describe)

### References (Please list two names of references with their address, telephone, and relation)

Name:	Address:	Phone:	Relation:
Name:	Address:	Phone:	Relation:

### Membership in professional, civic organizations, government boards, commissions, and volunteer activities:

**Criminal Conviction (Conviction does not automatically bar you from involvement): Have you been convicted of a felony or served time in prison within the last seven years?**  Yes  No  
 If yes please explain:

### What is your usual mode of transportation (i.e. public transit, Dial-A-Lift, personal vehicle, etc.)?

### Availability:

Mon:	Tue:	Weds:	Thurs:	Fri:

### Signature:

Thank you for applying. Be sure to bring the application with you on July 20 or send to:  
**Voting Accessibility Advisory Committee c/o Thurston County Auditor, 2000 Lakeridge Drive SW  
 Olympia, WA 98502** or email the completed copy to [keegank@co.thurston.wa.us](mailto:keegank@co.thurston.wa.us).  
**Questions or concerns? Call (360) 786-5408 or TTY/TDD (360) 754-2933**

