COUNTY OF AMADOR



Elections Department

Voting and Language Accessibility Advisory Committee (VAAC/LAAC) Member Information

Complete the below information if you would like to serve on the County of Amador Voting and Language Accessibility Committee (VAAC/LAAC). Please be advised you are not required to have a disability or speak another language to serve on this committee.

Please contact our office as early as possible with any questions.			
Name:			
Residence Address:			
Mailing Address (If Differe	nt):		
Phone - Home: ()	Work: ()	Cell: ()	<u></u>
Email Address:			
	Additional Info	ormation	
Are you a registered voter in Amador County?: □ Yes □ No			
Do you have disability?: □ Yes □ No			
Please note any accommodations needed:			
Can you speak Spanish?: □ Yes □ No			
Will you be representing an organization?: □ Yes □ No			
If so, which organization	on:	Your Position:	