

WALLA WALLA COUNTY
APPLICATION FOR ACCESSIBLE COMMUNITIES ADVISORY COMMITTEE APPOINTMENT

To be completed by Applicant:

Name: _____

Address: _____

(Must Reside in Walla Walla County)

Telephone: (Home) _____

(Work) _____

(Cell) _____

(e-mail) _____

Briefly describe your interest in participating in the Accessible Communities Advisory Committee (ACAC):

Membership in state, local or regional disability organizations: _____

Special Skills: _____

Do you have a disability? If yes, please specify: _____ Yes No

Do you have family members with a disability? If yes, please specify: _____ Yes No

Will you need accommodation due to a disability? Yes No

If yes, please provide a brief description of the accommodation requested:

Previous Employment or Volunteer Experience: _____

Present Occupation and Employer: _____

Education (High School/College, location, degree): _____

Voluntary Information (to assure broad representation of the community):

Race/Ethnicity: _____ Sex: _____ Date of Birth: _____

Signature

Date

PLEASE RETURN TO: Walla Walla County Commissioners' Office, Public Health and Legislative Building, 314 West Main/P.O. Box 1506, Walla Walla, WA 99362, or email to wwcocommissioners@co.walla-walla.wa.us, or Department of Community Health, 314 West Main, Rose Street Entrance/P.O. Box 1753, Walla Walla WA 99362.

APPLICATION DEADLINE: Friday, March 1, 2019.