



REBECCA SPENCER
Registrar of Voters

ART TINOCO
Assistant Registrar of Voters

**REGISTRAR OF VOTERS
COUNTY OF RIVERSIDE**

Voting Accessibility Advisory Committee Membership Application

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

Name _____

Home Address _____

City _____ Zip Code _____

Business Phone () _____ Fax Number () _____

Home Phone () _____ E-mail _____

Present Occupation _____ Employer _____

Are you a registered voter in California? Yes No

Do you have a disability? Yes No

If an accommodation is required please list: _____

How long have you lived in Riverside County? _____

Are you currently an elected or appointed public officer? Yes No

Please list any organizations with which you are presently active and you would represent on the VAAC. Please give the organization name, nature of your activities and duties, and approximate dates you have been involved with the organization. *Use additional paper if necessary.*

Please respond to the following questions on a separate page (limit your response to one page):

- 1) Why do you wish to be considered for membership on the Riverside County Registrar of Voter's VAAC?
- 2) What is it about ensuring access to the elections process that interests you?
- 3) What qualities, experience, knowledge, or skill do you possess that you believe will make you a qualified applicant?

I hereby declare the information provided in this application for the Riverside County Registrar of Voter's 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.

Signature _____

Date _____