

**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

Do you work in a disability-related field? 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](mailto: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.