



OFFICE OF  
**ASSESSOR-COUNTY CLERK-  
RECORDER & ELECTIONS**  
COUNTY OF SAN MATEO

**MARK CHURCH**  
CHIEF ELECTIONS OFFICER &  
ASSESSOR-COUNTY CLERK-RECORDER

## **Voting Accessibility Advisory Committee Application (VAAC)**

The Voting Accessibility Advisory Committee will meet on a regular basis to discuss methods of improving voting accessibility for older adults and persons with disabilities. Policy recommendations may be formulated at meetings which will be considered for adoption. All members must commit to remaining on the committee for at least two years from the date of the first meeting.

**I hereby declare that one of the following applies to me:**

San Mateo County Resident       Employed in San Mateo County  
 Affiliated with an organization serving San Mateo County Residents

I formally apply for membership with the Voting Accessibility Advisory Committee for San Mateo County. I commit myself to being a member of the committee for two years from the date of the first meeting I attend. Please describe your relevant experience in the space below.

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### **Applicant Information**

Last Name	First Name	Middle Name
Email Address		Phone Number (optional)
Residence Address		
City		State
Zip		
Mailing Address (if different than above)		
City		State
Zip		

**This application will not be accepted without the signature of the applicant.**

**Signature of Applicant**

**Date**

**Please return this completed application to:**

San Mateo County Registration & Elections Division  
Phone: 650.312.5222 Email: [registrar@smcacre.org](mailto:registrar@smcacre.org)

40 Tower Road, San Mateo, CA 94402

P 650.312.5222 F 650.312.5348 email [registrar@smcacre.org](mailto:registrar@smcacre.org) web [www.smcacre.org](http://www.smcacre.org)