

Accessible Communities Advisory Committee (ACAC)

Jefferson County Membership Application

Applicant name _____

Address _____ City _____ Zip _____

Phone _____ Cell phone _____

Email address _____

Please tell us why you are interested in membership on the ACAC.

Do you have previous experience with community or disability organizations? If yes, please describe below

The ACAC requires that members actively participate in bi-monthly meetings and workgroup activities, serve as a resource and volunteer to work on ACAC projects. Are you able to make this commitment? Yes ___ No ___

Although voluntary, this information will assist ACAC in the goal of maintaining a broad representation of the community.

- Do you have a disability? Yes ___ No ___ If yes, please explain.

- 2. Do you have a family member with disabilities? Yes ___ No ___ If yes, please explain.

References may be required, if requested.

Signature _____ Date _____