

**WALLA WALLA/COLUMBIA COUNTIES**  
**APPLICATION FOR ACCESSIBLE COMMUNITIES ADVISORY COMMITTEE APPOINTMENT**

***To be completed by Applicant:***

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
(Must Reside in Walla Walla County or Columbia 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): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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)  
**APPLICATION DEADLINE: until positions filled.**