

**Imperial County
Language Accessibility Advisory Committee (LAAC)**

MEMBER APPLICATION

Name: _____ Date: _____

Address: _____

Employer: _____ Job Title: _____

E-mail: _____ Phone Number: _____

For each of the following, please limit your response to one paragraph. Please use additional pages, if needed.

1. Explain your interest in being a LAAC member.

2. Please describe your relevant experience with language assistance.

3. Please describe your relevant experience in language minority communities.

4. If applicable, please state which languages you are fluent in and the level of fluency in each language (spoken, written).

5. Please describe any experience with state and federal laws regarding voting or language access.

6. Please describe any experience in voter outreach, education, or engagement.

7. Please list additional relevant experience not discussed elsewhere in the application.

8. Please provide a list of three references with contact information.

9. Please provide your curriculum vitae or resume.