# Stanislaus

### OFFICE OF COUNTY CLERK-RECORDER

**DONNA LINDER** County Clerk-Recorder, Registrar of Voters & Commissioner of Civil Marriage

## **REGISTRAR OF VOTERS ELECTIONS DIVISION:**

1021 "I" Street, Suite 101, Modesto, CA 95354 Telephone: 209.525.5200

Facsimile: 209.525.5802

# **Application for Language Accessibility Advisory Committee**

To apply for appointment to the LAAC, please complete the following application.

Completed applications may be submitted by:

Email: stanvote@stancounty.com

Mail or In-Person: 1021 "I" Street, Suite 101, Modesto, CA 95354 (Business hours: 8:00 a.m. – 4:00 p.m.)

Fax: (209) 525-5802

# **Applicant Information**

First Name	Last Name			
Organization, if applicable				
Email Address	Phone Number			
Residence Address				
City, State	ZIP Code			
Mailing Address, if different from above				
City, State	ZIP Code			
□ I have read the purpose of a LAAC and can commit to attending the required meetings.				

# Please answer questions 1-4 below:

1)	Describe any experience you have working with the community that relates to language access.			

2) If applicable, please state the language(s) other than English that you are most fluent in and indicate the level of fluency in each language.					
Language:	Check all that apply: ☐ SPEAK	□ READ	□ WRITE		
Language:	Check all that apply: ☐ SPEAK	□ READ	□ WRITE		
Language:	Check all that apply: ☐ SPEAK	□ READ	□ WRITE		
Language:	_ Check all that apply: ☐ SPEAK	□ READ	□ WRITE		
Language:	Check all that apply: □ SPEAK	□ READ	□ WRITE		
Other:					
3) Please list relevant experience with social media, edu	• •	ighlight you	ır		
contributions in providing outreach to communities	with limited English proficiency.				
A) Please list your interest and goals in becoming a LAA	C member in Stanislaus County				
4) Please list your interest and goals in becoming a LAAC member in Stanislaus County.					