

**Accessible Communities Advisory Committee (ACAC)**  
**Volunteer Application**

The purpose of this form is provide the Advisory Committee with information about you that will assist in the recommendation process.

Please print or type the following information:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**OUR PURPOSE**

To promote greater awareness of disability issues and to improve access for and inclusion and acceptance of persons with disabilities in Spokane County.

**MEMBER DUTIES**

In compliance with RCW 36.01.310, it shall be the duty of the ACAC to:

1. Advise the Spokane County Board of County Commissioners on addressing the needs of persons with disabilities in emergency plans;
2. Advise the county and other local governments within the county on access to programs, services and activities, new construction or renovation projects, sidewalks, other pedestrian routes of travel, and disability parking enforcement;
3. Develop local initiatives and activities to promote greater awareness of disability issues, and acceptance, involvement, and access of persons with disabilities within the community;
4. Conduct public hearings and other investigations to determine the needs and priorities of county residents with disabilities;
5. Carry out other duties that the Spokane County Board of County Commissioners may request under the provisions of the State of Washington

*Please complete the following:*

1. How did you learn about ACAC? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Why are you interested in becoming an ACAC member? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Explain how your professional and/or personal experience relates to ACAC member duties. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Do you have specific skills or interests you want us to know about related to promoting greater awareness of disability issues and to improving access for and inclusion and acceptance of persons with disabilities in Spokane County?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. What benefits do you want from your experience with ACAC? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Are there any accommodations (large print, Braille, ASL interpreter, real-time captioning, etc) that we can provide so you can participate to the fullest?  
\_\_\_\_\_  
\_\_\_\_\_

**Return completed application to:** \_\_\_\_\_, **ACAC Member**  
**OR** [kimbala@dshs.wa.gov](mailto:kimbala@dshs.wa.gov)

**Questions?** Contact Lynn Kimball, Chair at (509) 458-2509 or [kimbala@dshs.wa.gov](mailto:kimbala@dshs.wa.gov)

## **Accessible Communities Advisory Committee (ACAC)**

### Information for Potential Applicants

#### **Time Commitment:**

The ACAC meets at least 4 times per year for 1.5 hours. Other meetings may be scheduled as needed.

#### 2017 Meetings

March 15

April 19

May 17

September 20

October 18

November 15

#### **Meetings are held at:**

Nexus Inland NW/Lilac Services for the Blind

1206-1212 N Howard Street

Conference Room

Spokane, WA 99201

(Wheelchair ramp is available on the south side of the building.)

#### **Members:**

Number of members: 15

Term: 3 years

Appointments of members shall be made from a list of applicants, including interested persons with a diverse range of disabilities who are knowledgeable in identifying and eliminating attitudinal, programmatic, communication, and physical barriers encountered by persons with disabilities. The list may also include family members, advocates, representatives from local disability-related organizations or educational institutions, and other individuals who are interested in promoting greater awareness of disability issues, and acceptance, involvement, and access of persons with disabilities within the community.

Thank you for your interest!

More information about committee can also be found at

<http://www.spokanecounty.org/1128/Accessible-Communities-Advisory-Committee>