

**SPOKANE COUNTY**  
**Accessible Community Advisory Committee (ACAC)**  
**Volunteer Application**

The purpose of this form is to provide the ACAC with information that will help in the recommendation process.

Please print or type the following information:

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

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

Address \_\_\_\_\_

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

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

**PURPOSE OF THE ACAC:**

*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**

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 Accessible Communities Act.

Members can expect to dedicate an average of at least one hour a month to attend regular monthly meetings, review minutes and agenda, and participate in the activities of the ACAC.

*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:  
**Larry Gorton, 2019 ACAC Chair**  
[lajagort@comcast.net](mailto:lajagort@comcast.net)  
**509-270-1131 (text)**

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

## Information for Potential Applicants

### **Time Commitment:**

The ACAC meets at least 4 times per year for 1 hour. Other meetings may be scheduled as needed.

### 2019 Meetings

January 24

February 28

March 28

April 25

May 23

June 27

September 26

October 24

November TBA

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

St. Luke's Rehabilitation Institute  
711 S. Cowley  
Room # 200  
Spokane, WA 99201  
Entrance on south (upper) level

### **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 the ACAC can also be found at

<http://www.spokanecounty.org/1128/>