



## **EL DORADO COUNTY LANGUAGE ACCESSIBILITY ADVISORY COMMITTEE**

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number \_\_\_\_\_

For each of the following, please limit responses to one paragraph

1. Please describe your relevant experience with language assistance
2. Please describe your relevant experience in language minority communities
3. Please state which language you are fluent in and the level of fluency in each language (spoken, written)
4. Please state which language 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. Explain your interest in being a LAAC member

