

VAD Meeting Requirements Form

First Name:		Last Name:	
Address:			
City:		Postal Code:	
Phone:			
Email:			
Please check (✓) off any accommodations you will need in order to participate in meetings:			
	Sign language Interpreter		
	Note taker		
	Assistive listening device for face to face or group meetings ___ loop system ___ captioning services		
	Large print		
	Braille		
	Wheel chair access		
	Mobilized chair/scooter access		
	Front row seating		
	Dietary restrictions Please List:		
	An assistant will be accompanying me		
	A service animal will be accompanying me		
	Other: please describe		

