2017 Citizen Advisory Committee Application

Please complete this application to be considered for membership to the STA Citizen Advisory Committee and mail or deliver to STA, 1230 W. Boone Ave., Spokane, WA 99201. Thank you for your interest.

Date:_____

Name:_____ Home Phone:_____

Work Phone:_____ Cell Phone: _____

Home Address:_____

Mailing Address if different from home: _____

_____

Email Address: _____

Occupation (former, if retired):_____

Employer (school, if student):_____

Tell us why you want to be a member of the Citizen Advisory Committee.

_____

_____

_____

_____

Describe your experiences, education, employment, personal and professional accomplishments, and leadership positions you have held (either paid or as a volunteer) that you believe would contribute to the success of this committee. Be specific when listing organizations and responsibilities.

_____

_____

_____

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_____

Current and past positions held on any boards, committees, or commissions:

Position: _____ From:_____ To:_____

Position: _____ From:_____ To:_____

Position: _____ From:_____ To:_____

How would you gather information from the community to bring to the CAC, and how would you take information from the CAC and circulate it back into the community?

_____

_____

_____

_____

How do you usually get around Spokane (check all that apply)?

- ☐ Personal automobile/motorcycle
- ☐ Bus – Which route(s) do you ride? _____
- ☐ Bicycle
- ☐ Walking
- ☐ Paratransit
- ☐ Vanpool

List two references who can speak to your qualifications for CAC membership. Please include telephone numbers, and email addresses.

Name: _____ Phone: _____ Email address: _____

Name: _____ Phone: _____ Email address: _____

Would your appointment to the Spokane Transit Citizen Advisory Committee create a conflict of interest or an appearance of a conflict of interest? If yes, please describe.

_____

_____

_____

_____

(Optional) Because we want the committee to reflect diversity of the community, we would appreciate the following information.

Age (range is sufficient) _____
Male/Female _____
Ethnic Origin _____
Disability (if any) _____

Please verify by initialing the statements below.

I certify that I am a citizen of the United States of America. _____ (initial)

I certify that I reside within the Spokane County Public Transportation Benefit Area (PTBA) _____ (initial) or I certify that I am a consistent user of (circle one) STA's fixed route bus service, paratransit service, van pool service. _____(initial)

Being a member of a Citizen Advisory Committee is an exciting opportunity and will require your time and effort at a series of meetings currently held the second Wednesday of the month (no meeting in August), from 5:00 p.m. to approximately 6:30 p.m. at 1230 W. Boone Avenue (unless otherwise noted).

Signature:_____ Date: _____

Upon request, alternative formats of this information will be produced for people with disabilities.

The meeting facility is accessible for people who use wheelchairs. For other accommodations, please call 325-6094 or TTY Relay 711 or email earneson@spokanetransit.com at least forty-eight (48) hours in advance.