



## 2019 Citizen Advisory Committee Application

*Please complete this application to be considered for membership to the STA Citizen Advisory Committee and email to [sbowers@spokanetransit.com](mailto:sbowers@spokanetransit.com) or mail/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.

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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?

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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.

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**(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](mailto:earneson@spokanetransit.com) at least forty-eight (48) hours in advance.***