Committee Membership Application



Please select the committee	of interest:					
☐ Advisory Commission	☐ Local Advisory Councils		☐ Parati	☐ Paratransit Appeal Board		
Name:						
Address:						
City:		State:		Zip code:		
Home phone:	Cell phon	e:	Work phone:			
Email:						
How often do you use public	transit? 🗆 Da	aily 🗆 Week	kly 🗆 Sometimes	☐ Rarely	□ Not at all	
What type of public transit se	ervice do you us	e? 🗆 Bus	☐ Paratransit			
When you use public transit,	please tell us w	hich bus route y	you ride most often.			
Please provide a brief statem	ent telling us w	hy you want to	serve on this comm	ittee.		
Please tell us how you, as a n	nember of the co	ommittee, will s	solicit input and fee	dback from DD	OT riders	

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Please list all c	ommunity involve	ment and volunteer a	activities that yo	u are currently involved with.	
Please provide	e three references	including telephone a	and e-mail conta	act information.	
Name:		Cell phone:		Work phone:	
1.					
2.					
2					
Which best de	scribes your race?				
☐ African Ameri	rican American/Black 🔲 White/Caucasian		٦	☐ Hispanic/Latino	
☐ Asian		☐ Native American		□ Other	
Which best de	scribes the langua	ge primarily spoken i	in your home?		
□ English	☐ Spanish	☐ Arabic	□ Other		
l swear or affir	m that:				
selected I will sig		t agreement; 5) I will hav		he information provided here is true; 4) if o devote to this responsibility: and 6) I will	
Signature				Date	