



**AC TRANSIT DISTRICT
ACCESSIBILITY ADVISORY COMMITTEE
APPLICATION FOR APPOINTMENT**

Please print in ink or type on this document.

I understand that I am obligated to be complete and truthful in providing information on this application. I understand that all of the information disclosed by me on this application may be subject to public disclosure.

Name:		Daytime Phone ()
Address:	Apt.	Evening Phone ()
City	Zip	Email

I RIDE AC TRANSIT ON LINE(S) _____ Daily Less than weekly
 Weekly

Responses to the following questions may be printed or typed in the space below or attached on a separate sheet of paper. Please answer each question as completely as possible.

1) I am a(n) Senior Individual with a disability Representative for seniors or the disabled
2) Are there any restrictions on your time that would limit your ability to attend meetings? No Yes
If yes, please explain: _____

3) Briefly describe your bus riding experiences.

4) Briefly describe the insights, knowledge and experience you would bring to the Accessibility Advisory Committee (AAC).

5) In addition to representing and/or advising the District on issues relating to accessible services, Committee members will be selected so that diverse sections of senior and disabled communities are represented. Describe the specific areas of interests you feel you would best represent and why.

6) Individuals currently involved in the community can bring special insights to the Committee as well as share information about the District with others. In what ways are you active in the community? (List organizations or community activities with which you have been involved.)

7) Have you previously served on the AAC? No Yes If yes, when? _____

8) Do you know someone currently serving on the AAC? _____

I understand that if appointed to the AAC, I will file a financial disclosure statement (Statement of Economic Interest, Form 700) as part of the appointment process.

Applicant's Signature

Date