APPLICATION FOR APPOINTMENT TO THE
AC TRANSIT DISTRICT
ACCESSIBILITY ADVISORY COMMITTEE

NAME: ____________________________
ADDRESS: ____________________________ APT. ______________
CITY: ____________________________ ZIP ______________
DAYTIME PHONE: (____) __________ EVENING PHONE: (____) __________
EMAIL ADDRESS: ______________________________

RESPONSES TO THE FOLLOWING QUESTIONS MAY BE PRINTED OR TYPED IN THE
SPACES BELOW OR INCLUDED ON AN ATTACHED SHEET OF PAPER.

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

Briefly describe your bus riding experiences.

________________________________________________________________________

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

________________________________________________________________________

In addition to representing and/or advising the District in 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 be able to represent and why.

________________________________________________________________________

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

________________________________________________________________________

Have you previously served on the AAC?  ☐ No  ☐ Yes  If yes, when? ______________

Do you know someone currently serving on the Committee?

________________________________________________________________________

Under California’s Public Records Act, your completed application form will be a public document

SIGNATURE: ____________________________  DATE: ____________________________