

**SACRAMENTO REGIONAL TRANSIT DISTRICT
MOBILITY ADVISORY COUNCIL**

AT-LARGE MEMBER APPLICATION

THANK YOU FOR YOUR INTEREST IN APPLYING FOR MEMBERSHIP IN THE SACRAMENTO REGIONAL TRANSIT DISTRICT (SacRT) MOBILITY ADVISORY COUNCIL. MEMBERS OF THE MOBILITY ADVISORY COUNCIL WILL BE EXPECTED TO:

- Advise on system accessibility features and improvements
- Provide a communications link between any group(s) they represent, SacRT management and the Board of Directors
- Represent their interest/expertise area to SacRT
- Attend a majority of all monthly meetings
- Read and review agenda packets and reports in advance of meetings
- Read reports, deliberate findings, and strive for consensus and conclusion on issues
- Have or be willing to gain knowledge of the public transportation system

Do you feel that you would be able to meet these expectations?

Yes No

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

Name: _____

Phone Number/TTY _____

ADDRESS _____

E-MAIL _____

Please list any organizations or interest groups with which you have a current or past affiliation:

| Organization | Position(s) Held | Length of Time Affiliated | Number of Members in Group |
|--------------|------------------|---------------------------|----------------------------|
| A. | | | |
| B. | | | |
| C. | | | |
| D. | | | |

The Mobility Advisory Council is looking for members who are leaders in their community and/or within their respective organizations. Please describe your leadership experience and/or ways you are a leader within your organization. How would you describe your leadership style?

The Mobility Advisory Council is an advisory (not decision-making) body. What are some of the important issue areas you could help advise SacRT on?

Council Members must have excellent listening and communication skills – for communicating with SacRT Boards and Staff, with the public, and for bringing issues from and to members of your organization or community. How will you share information with your members on a regular basis?

What is the most important contribution that you could make to the Mobility Advisory Council?

Using only the space provided, please explain why you are interested in serving on the Sacramento Regional Transit Mobility Advisory Council.

What is your age category? (optional) Please check the appropriate box.

- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 18-35 | <input type="checkbox"/> 51-64 |
| <input type="checkbox"/> 36-50 | <input type="checkbox"/> 65 or older |

What is your gender? (optional) Male Female

What is your ethnic background? (optional) Please check the appropriate box(es).

- | | |
|---|---|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino(a) | <input type="checkbox"/> Other (specify): _____ |

Please indicate which interest or expertise area(s) you represent:

- Mobility-related Disabilities (wheelchair user or other mobility device)
- Visual Impairment
- Hearing-related Disability
- Cognitive Disability (Mental Impairment or Developmental Disability)
- Older Adults
- Other (Please Specify) _____

Please mail or fax this form to:

**Accessible Services
Sacramento Regional Transit District
P.O. Box 2110
Sacramento CA 95812-2110
FAX 916-455-3924**