

# INTERcity TRANSIT

## CITIZEN ADVISORY COMMITTEE APPLICATION

*Due:*

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Employment/Student Status: \_\_\_\_\_

Occupation (former if retired): \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

School (if student): \_\_\_\_\_

How long have you lived in Thurston County? \_\_\_\_\_

Please list community groups you are affiliated with (volunteer, professional, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Normally, the commitment to this committee will require 3-4 hours per month. Can you commit 3-4 hours per month to the Citizen Advisory Committee?

Yes

No

Generally, the Committee meets the third Monday of the month, 5:30 - 7:30 p.m. Can you meet at this time? Yes  No  If not, when can you meet?

Do you have any special needs, i.e. transportation, interpreter, other? Please explain

\_\_\_\_\_  
\_\_\_\_\_

Please answer the following on an attached sheet:

1. Describe public transportation issues of concern and importance to you.

2. Why do you want to be a member of Intercity Transit's Citizen Advisory Committee? Please share any additional information relating to your interest and/or experience.

Indicate your general location of residence/representation:

- 1. Olympia Community \_\_\_\_\_
- 2. Tumwater Community \_\_\_\_\_
- 3. Lacey Community \_\_\_\_\_
- 4. Yelm Community \_\_\_\_\_
- 5. Unincorporated areas \_\_\_\_\_

Indicate the various groups you will represent (check all that apply):

- |                                    |   |
|------------------------------------|---|
| 1. Senior Citizen _____            | 8. Youth _____  |
| 2. Persons with Disabilities _____ | 9. Medical Community _____                                  |
| 3. Local College Student _____     | 10. Social Service Agency _____                             |
| 4. Chamber of Commerce _____       | 11. Unincorporated Community _____                          |
| 5. Business Representative _____   | 12. City/State Transportation Demand Mgt. Coordinator _____ |
| 6. Service User _____              |   |
- Check all that apply:
- |   |   |                              |
|---|---|------------------------------|
| <input type="checkbox"/> Vanpool        | <input type="checkbox"/> Dial-A-Lift      | 13. Neighborhood Assn. _____ |
| <input type="checkbox"/> Carpool        | <input type="checkbox"/> Express Service  | 14. Native American _____    |
| <input type="checkbox"/> Fixed Route    | <input type="checkbox"/> Star Pass Holder | 15. Other _____              |
| <input type="checkbox"/> Community Vans | <input type="checkbox"/> Park-&-Ride Lots | 16. Rural Community _____    |
| <input type="checkbox"/> Village Vans   | <input type="checkbox"/> Other _____      | 17. Environmentalist _____   |
| 7. Citizens-at-Large _____              |   | 18. Bicyclist _____          |

*Voluntary Information*

The Committee desires a broad representation of backgrounds and interests on the committee. The information you volunteer here, which will remain confidential, will assist in this goal.

Race: American Indian/Eskimo \_\_\_\_\_ Black \_\_\_\_\_  
 Hispanic \_\_\_\_\_ Caucasian \_\_\_\_\_  
 Asian/Pacific Islander \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Age: 18-30 \_\_\_\_\_ 31-40 \_\_\_\_\_ 41-50 \_\_\_\_\_ 51-64 \_\_\_\_\_ 65+ \_\_\_\_\_

Disability: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list disability \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail this application to: Intercity Transit Attn: Rhodetta Seward  
 ATTN: Citizen Advisory Committee  
 PO Box 659, Olympia, WA 98507-0659  
 Or drop the application by: 526 Pattison SE, Olympia 98501

For more information about the Citizen Advisory Committee, call Rhodetta Seward, Intercity Transit at 705-5856.