



Social Services Transportation Advisory Committee Application for Appointment

The Social Services Transportation Advisory Council (SSTAC) serves as an advisory body to the Calaveras Council of Governments regarding the transit needs of transit dependent and transit disadvantaged persons, including older adults, persons with disabilities, and persons of limited means.

If you are interested in serving on the SSTAC, please complete this questionnaire. Include any comments or additional information in the section provided at the end of the application and return to the address listed. Applications are also available online at www.calacog.org. **Applications are being accepted until all appointments are filled.**

Membership on the SSTAC will be appointed by the Calaveras Council of Governments. The information on this page will remain confidential and will not be distributed publicly.

Name: _____

Address: _____

Telephone: Home _____ **Business** _____

Email Address: _____

The term of appointment is for 3 years. However, during the initial period, one and two year terms are also available. Please circle the number of years for your initial term: **1 year, 2 years, and 3 years.** At the end of a term, a member can reapply for an additional three-year term.

Please describe any previous experience on relevant committees:

Please describe any relevant work or volunteer experience:

Statement of Interest:

Please briefly state why you are interested in serving on the SSTAC and why you are qualified for appointment (refer to Category Listing below). Attach additional pages as necessary.

Category Listing:

The SSTAC is subject to the appointment restrictions established in Section PUC 99238 of the Transportation Development Act. Please circle all categories that may apply to you.

Category 1- Potential transit user who is 60 years of age and older.

Category 2- Potential transit user who is a person with a disability.

Category 3- Representatives of the local social service providers for seniors.

Agency Name:_____

Category 4- Representative of local social service providers for persons with disabilities.

Agency Name:_____

Category 5- Representative of social service providers for persons of limited means.

Agency Name:_____

Category 6- Representative from the transportation service provider.

Agency Name:_____

Category 7- At large appointment.

Category 8- Student Representative

School Name:_____

Certification:

I certify that the above information is true and correct and I authorize the verification of this information in the application in the event I am a finalist for the appointment.

Signature

Date

Please Return To:

Calaveras Council of Governments

PO Box 280

San Andreas, CA 95249

209-754-2094

Fax 209-754-2096

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