

# East Bay Paratransit

1750 Broadway  
Oakland, CA 94612

## APPLICATION FOR MEMBERSHIP EAST BAY PARATRANSIT CONSORTIUM SERVICE REVIEW ADVISORY COMMITTEE

*Please print in ink or type on this document or attach a separate sheet of paper.*

I understand that I am obligated to be complete and truthful in providing information on this application. Please read the attached information sheet before completing this application.

<b>Name:</b>		<b>Daytime Phone ( )</b>
<b>Address:</b>	<b>Apt.</b>	<b>Evening Phone ( )</b>
<b>City:</b>	<b>Zip</b>	<b>Email</b>

### Answer each question as completely as possible.

1) The SRAC meets on the first Tuesday of every other month, starting in February. Regular meetings typically last 2 hours (from 12:30 p.m. to 2:30 p.m.) and are located in downtown Oakland.

a. Do you have any restrictions preventing you from attending?  No  Yes  
If yes, please explain.

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b. Do you have time to prepare for the meetings?

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2) Do you use  BART  AC Transit  Both

3) Are you an EBPC Rider?  No  Yes If yes, for how long? \_\_\_\_\_

4) Do you use a wheelchair?  No  Yes Do you use a scooter?  No  Yes

5) What do you think the purpose of the committee is?

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6) What interests and qualifications do you have? Please describe the insights, knowledge and experience you would bring to the SRAC

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7) Why would make you a good member of the committee?

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8) Why do you wish to serve on the SRAC and what do you hope to accomplish?

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

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10) Is there anything else you haven't told us and would like to tell the Nominating Committee about yourself?

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11) Have you previously served on the SRAC?  No  Yes

If yes, when? \_\_\_\_\_

12) Do you know someone currently serving on the SRAC?  No  Yes

If yes, who? \_\_\_\_\_

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**Applicant's Signature**

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**Date**