

# East Bay Paratransit

1750 Broadway  
Oakland, CA 94612

## APPLICATION FOR MEMBERSHIP EAST BAY PARATRANSIT ACCESS COMMITTEE (EBPAC)

*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. If you need help completing the application, or want to request this form in an accessible format, call 510-902-5999.

<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 EBPAC meets on the first Tuesday of every other month. Regular meetings typically last 2 hours (from 12:30 p.m. to 2:30 p.m.) and are hybrid meetings in which you attend virtually or in person in Oakland, CA.

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? If no, please explain.

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Phone: (510) 287-5000 or Fax: (510) 287-5069  
[www.eastbayparatransit.org](http://www.eastbayparatransit.org)

2) Do you use  BART  AC Transit  Both

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

4) Do you use a wheelchair?  No  Yes

5) Do you use any of the following mobility aids or specialized equipment?  
(check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> None                 | <input type="checkbox"/> Manual Wheelchair    | <input type="checkbox"/> Power Wheelchair |
| <input type="checkbox"/> Power Scooter        | <input type="checkbox"/> Walker               | <input type="checkbox"/> Crutches         |
| <input type="checkbox"/> Cane                 | <input type="checkbox"/> White Cane           | <input type="checkbox"/> Service Animal   |
| <input type="checkbox"/> Leg Braces           | <input type="checkbox"/> Communication Device | <input type="checkbox"/> Segway           |
| <input type="checkbox"/> Portable Oxygen Tank | <input type="checkbox"/> Other Aid: _____     |   |

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

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

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

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9) Why do you wish to serve on the EBPAC and what do you hope to accomplish?

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