



ADVISORY COMMITTEE INTEREST FORM

CONTACT INFORMATION

Name _____

Street Address _____

City, State, Zip _____

Phone _____ Home Cell

Email Address _____

I would like to be considered to fill a position on the following committee:

_____ **BAC** _____ **CTSA** _____ **PCC** _____ **PAC** _____ **SR2S** _____ **SPWD-TAC**

I am applying for the open position of: (Check one)

_____ Citizen Member _____ Member-at-Large _____ Public Agency _____ Social Service Provider _____ Transit User

Letter of intent/interest to serve on an STA Citizen Advisory Committee

Summarize the reason you would like to participate in one of the STA's Citizen Advisory Committee. Include what experience (work or otherwise) qualifies you:

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) _____

Signature _____ Date _____