



# Citizens Advisory Committee Application

## 2 Year Term

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ Telephone (Evening) \_\_\_\_\_

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

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

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

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

Employer \_\_\_\_\_

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

Work Telephone \_\_\_\_\_

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

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

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Will you commit to spending up to four hours a month on committee activities, including attending the monthly Citizens Advisory Committee meeting usually held the last Thursday of the month at 5:30 Pm in Conference Room A at C-TRAN's Administrative Office?

Yes     No

How did you learn about Citizens Advisory Committee membership? \_\_\_\_\_

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Please describe what public transportation issues are of concern and importance to you:

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continued on reverse ...

Do you regularly use:  Bus  Vanpool  Carpool  Other\_\_\_\_\_

If you regularly use the bus:

- 1) How often do you usually ride?  Less than 3 trips per month  
(Please count a round trip as 2 trips.)  1-4 times per week  
 5-7 times per week  
 8 or more trips per week

2) Which routes do you use most often? (List up to 3.)

Route #\_\_\_\_\_ Route #\_\_\_\_\_ Route #\_\_\_\_\_

3) Please check which days of the week you ride:  Weekdays  Saturdays  Sundays

Why do you wish to be a member of C-TRAN's Citizens Advisory Committee? Please share any additional information relating to your interest and/or experience with public transportation issues:

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### Voluntary Information

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

**Race:**  Native Indian/Native Alaskan  African American  Hispanic/Latino  
 Asian/Pacific Islander  Caucasian  
 Other (specify)\_\_\_\_\_

**Gender:**  Male  Female

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

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

Applicant's Signature\_\_\_\_\_ Date\_\_\_\_\_

Please return this application to

**C-TRAN**

Attention: Ronda Peck (or e-mail to: RondaP@c-tran.org)  
P.O. Box 2529  
Vancouver, WA 98668-2529

For more information, please call C-TRAN at (360) 696-4494 during business hours or visit our Web site at [www.c-tran.com](http://www.c-tran.com).

