

**SKAGIT TRANSIT
Citizens' Advisory Committee
Application**

NAME _____

Last Name	First Name	Middle Initial
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ADDRESS _____

Street Address	City	State	Zip
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TELEPHONE _____

Daytime/Work	Evening/Residence
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The Citizens' Advisory Committee will research and analyze issues concerning the operation of Skagit Transit (SKAT). The Citizens' Advisory Committee will report and make recommendations to the Skagit Transit Board of Directors.

1. Why are you interested in being a member of SKAT Citizens' Advisory Committee?

2. Do you have any special skills that would be helpful to this Citizens' Advisory Committee?

3. Which of the following categories do you feel you could represent as a member of the Citizens' Advisory Committee? Check more than one, if applicable.

- | | |
|--|---|
| <input type="checkbox"/> Park & Recreation
<input type="checkbox"/> Chambers of Commerce
<input type="checkbox"/> Social Service Agencies
<input type="checkbox"/> Major Employment Centers
<input type="checkbox"/> Skagit Council on Aging
<input type="checkbox"/> Minority Representative
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Senior Citizens
<input type="checkbox"/> Rural Areas
<input type="checkbox"/> Special Events
<input type="checkbox"/> Students/Youth
<input type="checkbox"/> Citizens w/Disabilities
<input type="checkbox"/> Interested Volunteers
<input type="checkbox"/> Transit riders |
|--|---|

4. Do you have experience serving on any of the following:

Transit Advisory Committee

Other Citizens' Advisory Committee _____
Please Name

Other Volunteer Experience (Please describe briefly)

5. Do you or a member of your family use Skagit Transit? How many times a week? _____

Please complete the next section **OR** provide a resume which addresses the following areas:

Work History

Community / Volunteer Activities

Professional or Volunteer References

If you feel more information is necessary to adequately answer any of these questions, please write your comments on a separate sheet and attach to the application.

Signature of Applicant: _____ **Date of Application:** _____

Please return your completed application to:

**SKAGIT TRANSIT
ATTENTION: CAC
600 COUNTY SHOP LANE
BURLINGTON, WA 98233-9772**