SKAGIT TRANSIT
Community Advisory Committee Application

NAME ____________________________________________

Last Name _____________________________________________________________________________________
First Name ___________________________________________________________________________________
Middle Initial ________________________________________________________________________________

ADDRESS ____________________________________________

Street Address __________________________________________________________________________________
City _________________________________________________________________________________________
State _______________________________________________________________________________________
Zip _________________________________________________________________________________________

TELEPHONE __________________________________________________________________________________

Daytime/Work ____________________________ Evening/Residence _____________________________

The Community Advisory Committee (CAC) will research and analyze issues concerning the operation of Skagit Transit (SKAT). The CAC will report and make recommendations to the Skagit Transit Board of Directors.

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

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

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

   _____ Park & Recreation               _____ Senior Citizens
   _____ Chambers of Commerce            _____ Rural Areas
   _____ Social Service Agencies         _____ Special Events
   _____ Major Employment Centers        _____ Students/Youth
   _____ Skagit Council on Aging         _____ Citizens w/Disabilities
   _____ Minority Representative        _____ Interested Volunteers
   _____ Other _________________________ _____ Transit riders

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

   _____ Transit Advisory Committee
   _____ Other Community 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