

**SKAGIT TRANSIT  
Community Advisory  
Committee Application**

**NAME** \_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
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**ADDRESS** \_\_\_\_\_

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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**TELEPHONE** \_\_\_\_\_

<b>Daytime/Work</b>	<b>Evening/Residence</b>
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*The Community Advisory Committee (CAC) will research and analyze issues concerning the operation of Skagit Transit. The CAC will report and make recommendations to the Skagit Transit Board of Directors.*

1. Why are you interested in being a member of Skagit Transit 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.

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