

<i>NAME</i>				
	Last Name	First Name	Middle Initial	
<i>ADDRESS</i>				
	Street Address	City	State	Zip
<i>TELEPHONE</i>				
	Daytime	Email		

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.

4. Do you have experience serving on any of the following:
- _____ Transit Advisory Committee
- _____ Other Community Advisory Committee _____
- _____ Other Volunteer Experience (Please describe briefly)

5. Do you or a member of your family use Skagit Transit?
- | Yes | No | 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
planning@skagittransit.org**