



Simi Valley Transit

ADA PARATRANSIT ADVISORY COMMITTEE APPLICATION

Please print in blue or black ink, or type,
And complete the front and back of this form.

Last Name:	First name:	Middle Initial:		
Address: Number	Street	City	State	Zip Code
Home Phone:	Alternate Phone (Business, Cellular):			
Email Address:				
How did you hear about the ADA Paratransit Advisory Committee?				
You must meet one of the following criteria to serve as a member of this committee: <ul style="list-style-type: none">• Have an ADA disability.• A member of your household has an ADA disability.• Are associated with an agency supporting the disabled.				
Do you meet one of these criteria? Yes _____ No _____				

Have you served on a public committee or community organization? Yes _____ No _____

If yes, please explain:

What is your interest in public Paratransit for individuals with disabilities?

What can you contribute as an ADA Paratransit Advisory Committee member?

I can attend a committee meeting each quarter or more frequently, if necessary.

Yes _____ No _____

I can attend special meetings, if given advance notice. Yes _____ No _____

Thank you for your interest in the ADA Paratransit Advisory Committee. If you have any questions or concerns, please contact Simi Valley Transit at (805) 583-6464.

Completed applications can be mailed to: City of Simi Valley – Public Works/Transit
2929 Tapo Canyon Road
Simi Valley, CA 93063
Attn: Christopher Latham, Transit Operations Mgr

I understand that if selected and appointed as an ADA Paratransit Advisory Committee member, I will serve as a volunteer and at the pleasure of the City Council. As a volunteer, I understand that I am not covered by the City's insurance policy and further, that the City's liability does not encompass volunteers.

Signature

Date