

**SHASTA COUNTY  
SOCIAL SERVICES TRANSPORTATION ADVISORY COUNCIL (SSTAC)  
APPLICATION FOR APPOINTMENT**

Membership on the SSTAC requires appointment by the Shasta County Regional Transportation Planning Agency's Board of Directors; therefore, it is necessary to present the Board with relevant information concerning each nominee.

If you are interested in serving on the Shasta County Social Services Transportation Advisory Council (SSTAC), please complete this questionnaire. Include any comments or additional information in the section provided at the end of the application and return it to the address listed. Applications are also available on line at [www.scrtpa.org](http://www.scrtpa.org).

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

**ADDRESS:** \_\_\_\_\_

**TELEPHONE: HOME** \_\_\_\_\_ **BUSINESS** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**LENGTH OF TIME IN REDDING AREA** \_\_\_\_\_

**PREVIOUS EXPERIENCE ON A RELEVANT COUNTY/CITY/TOWN COMMISSION OR COMMITTEE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELEVANT WORK/VOLUNTEER EXPERIENCE:**

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Date</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STATEMENT OF QUALIFICATIONS:**

Please briefly state why you are interested in serving on the SSTAC and why you are qualified for appointment. Attach additional pages, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CATEGORY LISTING:**

The Social Services Transportation Advisory Council is subject to the apportionment restriction established in Section PUC 99238 of the Transportation Development Act. The SSTAC shall consist of the following members: Please circle all categories that apply to you.

- Category 1- Potential transit user who is 60 years of age or older.
- Category 2- Potential transit user who is disabled
- Category 3- Representatives of the local social service providers for seniors.  
Agency Name: \_\_\_\_\_  
(Please fill in)
- Category 4- Representatives of local social service providers for the disabled.  
Agency Name: \_\_\_\_\_  
(Please fill in)
- Category 5- Representative of social service provider for persons of limited means.  
Agency Name: \_\_\_\_\_  
(Please fill in)
- Category 6- Representatives from the local consolidated transportation service agency.  
Agency Name: \_\_\_\_\_  
(Please fill in)
- Category 7- at large appointment

*The term of appointment is for 3 years. However, during the initial period, one and two year terms are also available. Please circle the number of years for your initial term: 1 yr. 2 yr. 3 yr. At the end of a term, a member can reapply for an additional three-year term.*

**CERTIFICATION**

I certify that the above information is true and correct and I authorize the verification of the information in the application in the event I am a finalist for the appointment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Appointment will be considered at a Shasta County Regional Transportation Planning Agency Board of Directors meeting. Any information you submit on your application will become a matter of public record.*

**Return Application to:**

Shasta County Regional Transportation Planning Agency  
SSTAC  
1855 Placer Street  
Redding, CA 96001  
Phone 530-225-5654 or Fax 530-225-5667

