



VIA ACCESSIBLE TRANSIT ADVISORY COMMITTEE COMMUNITY LIAISON MEMBERSHIP APPLICATION

Complete Form and Mail to: ATAC Application, 1021 San Pedro Ave., San Antonio, TX 78212

NAME _____

ADDRESS _____

CITY/STATE _____ **ZIP CODE** _____

PHONE () _____ **EMAIL** _____

I WOULD LIKE TO APPLY FOR THE FOLLOWING POSITION

- REPRESENT PERSONS WITH VISUAL IMPAIRMENTS
- REPRESENT PERSONS WHO HAVE INTELLECTUAL DISABILITIES
- REPRESENT PERSONS WHO USE WHEELCHAIRS OR OTHER MOBILITY DEVICES
- REPRESENT PERSONS WITH HEARING IMPAIRMENTS
- REPRESENT PERSONS WHO ARE NON-NEURONORMATIVE
- REPRESENTING OLDER ADULTS FROM CITY/COUNTY COMMISSION ON ELDER AFFAIRS

HOW LONG HAVE YOU LIVED IN SAN ANTONIO? _____

WHEN DID YOU START USING VIA SERVICES? _____

HOW MANY TRIPS PER WEEK DO YOU TAKE ON THE FOLLOWING SERVICES?

VIA BUSES:	_____	VIAtrans VANS:	_____	OTHER:	_____
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NOTE: A ROUND TRIP, TO THE GROCERY STORE AND BACK HOME, COUNTS AS TWO (2) TRIPS.

OTHER TRANSPORTATION SERVICES YOU USE:

LIST OF LOCAL ORGANIZATIONS IN WHICH YOU ARE ACTIVE:
Religious or Educational Activities, Neighborhood Associations and Civic, Volunteer or Advocacy Groups

EXPLAIN WHY YOU WANT TO SERVE AS AN ATAC COMMUNITY LIAISON MEMBER

I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT AND UNDERSTAND THAT ANY FALSIFIED STATEMENTS, OMISSIONS OR CONCEALMENTS MAY SUBJECT ME TO DISQUALIFICATION. I HEREBY AUTHORIZE VIA TO MAKE ANY INVESTIGATION IT CONSIDERS NECESSARY IN REGARD TO MY CONSIDERATION FOR MEMBERSHIP OF THE ACCESSIBLE TRANSIT ADVISORY COMMITTEE (ATAC).

SIGNATURE: _____ DATE: _____