



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

- PERSONS WHO ARE BLIND OR HAVE LOW VISION
- PERSONS WHO USE A MOBILITY DEVICE
- PERSONS WHO ARE DEAF OR HARD OF HEARING
- PERSONS WITH NEURONORMATIVE DISABILITIES
- OLDER ADULTS FROM THE CITY/COUNTY COMMISSION ON ELDERLY AFFAIRS
- PERSONS WHO HAVE INTELLECTUAL DISABILITIES

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:	<input type="text"/>	VIAtrans VANS:	<input type="text"/>	OTHER:	<input type="text"/>
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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: _____