



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 DEAF OR HARD OF HEARING
- ☐ PERSONS WHO USE VIA BUS AND VIATRANS SERVICE
- ☐ PERSONS WHO HAVE INTELLECTUAL DISABILITIES
- ☐ PERSONS TO REPRESENT THE OLDER ADULT COMMUNITY
- ☐ AGENCIES PROVIDING SERVICES TO PERSONS WITH DISABILITIES
- ☐ ORGANIZATIONS THAT SIGNIFICANTLY RELY ON VIATRANS

HOW LONG HAVE YOU LIVED IN SAN ANTONIO?	
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WHEN DID YOU START USING VIA SERVICES?	
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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: _____