



# 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 NON-NEURONORMATIVE NEURONORMATIVE
- PERSONS WHO USE A WHEELCHAIR OR OTHER MOBILITY DEVICE
- PERSONS WHO HAVE A VISUAL IMPAIRMENT
- OLDER ADULTS FROM THE CITY/COUNTY JOINT COMMISSION ON ELDERLY 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?**

<b>VIA BUSES:</b>	<input type="text"/>	<b>VIAtans VANS:</b>	<input type="text"/>	<b>OTHER:</b>	<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: \_\_\_\_\_