

**Siskiyou County Local Transportation Commission  
Social Services Transportation Advisory Council (SSTAC)**

**Application for Appointment**

Membership on the SSTAC requires appointment by Siskiyou County Local Transportation Commission; therefore, it is necessary to present the Commission with relevant information concerning each nominee.

If you are interested in serving on the Siskiyou County Local Transportation Commission's 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:

<http://www.co.siskiyou.ca.us/content/local-transportation-commission>.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: Home:** \_\_\_\_\_ **Business:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Length of Time In Siskiyou County:** \_\_\_\_\_

**Previous experience on a relevant County/City/Town Commission or Committee:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Siskiyou County Local Transportation Commission  
Social Services Transportation Advisory Council (SSTAC)**

**Relevant Work/Volunteer Experience:**

<i>Organization</i>	<i>Address</i>	<i>Position</i>	<i>Dates</i>

**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.

---

---

---

---

---

---

**Siskiyou County Local Transportation Commission  
Social Services Transportation Advisory Council (SSTAC)**

**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 check 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: Representative of the local social service providers for seniors \_\_\_\_\_  
Agency Name: \_\_\_\_\_
- Category 4: Representative of local social service providers for the disabled \_\_\_\_\_  
Agency Name: \_\_\_\_\_
- Category 5: Representative of social service provider for persons of limited means \_\_\_\_\_  
Agency Name: \_\_\_\_\_
- Category 6: Representative from the local consolidated transportation service agency \_\_\_\_\_  
Agency Name: \_\_\_\_\_
- 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 Siskiyou County Local Transportation Commission's meeting. Any information you submit on your application will become a matter of public record.

**Return Application to:**

Siskiyou County Local Transportation Commission  
SSTAC Application  
190 Greenhorn Road  
Yreka, CA 96097