



COUNCIL OF SAN BENITO COUNTY GOVERNMENTS
SOCIAL SERVICES TRANSPORTATION ADVISORY COUNCIL (SSTAC)
APPLICATION FOR APPOINTMENT

The San Benito County Social Service Transportation Advisory Council (SSTAC) advises the Council of San Benito County Governments (COG) on matters related to transportation accessibility for the elderly, the disabled, and persons of limited means. Members are recruited and appointed by the COG Board to provide a broad representation of social services and transit providers in San Benito County. COG strives to achieve a balanced geographic and minority representation with its members.

If you are interested in serving on SSTAC, please complete this application and include any additional information in the section provided at the end and return it to: Council of San Benito County Governments, Attention: SSTAC Membership, 330 Tres Pinos Road, Suite C7, Hollister, CA 95023.

Name: _____

Address: _____

Phone Number: _____

Email: _____ Length of Residence in San Benito County: _____

Occupation: _____ Company: _____

Do you currently, or have you ever, used County Express services? If yes, please indicate which services (i.e. Fixed Route, Caltrain Service, Dial-a-Ride, etc.)

Yes No

How did you hear about SSTAC?

Please list past and present membership in community organizations, beginning with the most recent:

<u>Dates</u>	<u>Organization</u>	<u>Position</u>	<u>Address</u>
N/A			

To help us better understand your interests and qualifications, please answer the following questions. You may attach additional pages, if necessary.

Why are you interested in participating on SSTAC for San Benito County?

What concerns and/or interests do you feel you represent for the San Benito County community?



COUNCIL OF SAN BENITO COUNTY GOVERNMENTS
SOcial **S**ervices **T**ransportation **A**dvisory **C**ouncil (SSTAC)
APPLICATION FOR APPOINTMENT

What expertise do you feel you can offer to SSTAC?

Please describe any experience you have had serving on an advisory committee.

Select the group you will be representing. Please select only one.

- Representative of potential transit users sixty years of age or older
- Representative of potential transit users who are disabled
- Representative of concerned citizens from the community
- Representative of the local social service providers for seniors
Agency Name: _____
- Representative of the local social service providers for disabled
Agency Name: Hope Services
- Representative of the local social service providers for persons of limited means
Agency Name: _____
- Representative of the local consolidated transportation service agency
Agency Name: _____

I certify that the above information is true and correct and I authorize the verification of the information in the application in the even I am a finalist for the appointment.

Signature

Date

Appointments will be considered at a Council of San Benito County Governments Board of Directors meeting. Any information you submit on your application will become a matter of public record.

Submit application to:

Council of San Benito County Governments
Attention: SSTAC Membership
330 Tres Pinos Road, Suite C7
Hollister, CA 95023
FAX: 831-636-4160 or info@sanbenitocog.org