MADERA CTC
Madera County Transportation Commission

MADERA COUNTY TRANSPORTATION COMMISSION
Application for Appointment as member of
Solicitud de nombramiento como miembro del
SOCIAL SERVICES TRANSPORTATION ADVISORY COUNCIL
***Consejo Asesor de Transporte de Servicios Sociales* (SSTAC)**

DATE/ *FECHA*: 07/15/2021

NAME/*NOMBRE*: Michelle Hernandez

HOME ADDRESS/*DIRECCION*: _____
Street/ *Calle* City/ *Ciudad* Zip Code/ *Código Postal*

WORK ADDRESS/
DIRECCION DE EMPLEO: 1620 Sunrise Ave. Madera, CA 93638
Street/ *Calle* City/ *Ciudad* Zip Code/ *Código Postal*

PHONE/ *TEL:* Home/*Casa:*_____ Cell:_____ Work/*Empleo:* (559)675-2412

EMAIL/ *Correo electrónico*: michelle.hernandez@maderacounty.com

Request to Represent/ *Solicitud para representar:*

___ Potential Transit User 60 Years or Older/ *Usuario potencial de transporte público*
X_ Local Social Service Provider for Seniors/ *Proveedor local de servicios sociales para personas mayores*
___ Potential Transit User Who Is Disabled/ *Usuario potencial de transporte público que esta deshabilitado*
___ Representative of the Local Service Provider for Disabled/ *Representante del proveedor de servicios locales para discapacitados*
___ Representative of a Local Service Provider for Persons of Limited Means/ *Representante de un proveedor de servicios locales para personas de recursos limitados*
___ Representative from the Local Consolidated Transportation Service Agency/ *Representante de la Agencia de Transporte Consolidado Local*

Describe why you wish to serve as a member on the Social Services Transportation Advisory Council.
(Use additional space if needed) /Describa por qué desea ser miembro del Consejo Asesor de Transporte de Servicios Sociales.(Use espacio extra si lo necesita)

As an employee for Madera County Department of Social Services (DSS), I am aware of the need for public transportation in our community. DSS recently moved into a new building, currently no public transportation provider has a pick up/drop off stop at our office. At DSS we serve children, adults, elders, and dependent adults many of whom rely on public transportation to visit our offices. Our community needs to offer services that will assist individuals achieve self-sufficency.

Provide any additional information you believe will be helpful during the applicant review process.
(Use additional space if needed). Proporcione cualquier información adicional que considere útil durante el proceso de revisión de su solicidud. (Use espacio extra si lo necesita)

Signature/ *Firma*: _____