



**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: 06/17/2021

NAME/NOMBRE: Alycia Falley

HOME ADDRESS/DIRECCION: [REDACTED]  
 Street/ Calle City/ Ciudad Zip Code/ Código Postal

WORK ADDRESS/  
 DIRECCION DE EMPLEO: [REDACTED]  
 Street/ Calle City/ Ciudad Zip Code/ Código Postal

PHONE/ TEL: Home/Casa: [REDACTED] Cell [REDACTED] Work/Empleo: [REDACTED]

EMAIL/ Correo electrónico: [REDACTED]

Request to Represent/ Solicitud para representar:

- Potential Transit User 60 Years or Older/ *Usuario potencial de transporte público*
- 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) / Describe por qué desea ser miembro del Consejo Asesor de Transporte de Servicios Sociales. (Use espacio extra si lo necesita)*

I would be a beneficial member of the Social Services Transportation Advisory Council as I am uniquely qualified to assess the requirements for quality transportation in our under served, under employed population. Affordable and accessible transportation is essential for the hiring process and maintaining of employment for our clientele. I am dedicated to the success of my client base.

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 solicitud. (Use espacio extra si lo necesita)*

I have been employed in the employment services field for over 15 years. I have been a job club facilitator, family stabilization worker and a advocate for social security customers and understand their need for stable affordable transportation.

Signature/ Firma: 