MCTC
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*: 05/15/2024

NAME/*NOMBRE:* Sabrina Garibay

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

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

PHONE/ *TEL:* Home/*Casa:* [redacted] Cell: _____ Work/*Empleo:* _____

EMAIL/ *Correo electrónico*: Sabrina.garibay@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 Has a Disability/ *Usuario potencial de transporte público que esta deshabilitado*
- [x] Local Social Service Provider for Persons with Disabilities/ *Representante del proveedor de servicios sociales locales para discapacitados*
- [ ] Local Social Service Provider for Persons of Limited Means/ *Representante de un proveedor de servicios sociales locales para personas de recursos limitados*
- [ ] Local Transportation Service Agency/ *Representante de la Agencia de Transporte Local*
- [ ] Other (Optional) – Transportation Planning Agency may appoint additional members in accordance with the procedure prescribed in subdivision (b) of California Public Utilities Code § 99238. *Otro (Opcional) La Agencia de Planificación del Transporte podrá nombrar miembros adicionales conforme con el procedimiento prescrito en la subdivisión (b) del Código de Servicios Públicos de California § 99238*

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)

I had the privilege of attending the May 2024 MTCT Board Meeting and developed a strong commitment to advocating for the accessibility of reliable public transit for seniors and individuals with disabilities.

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)

I am currently a member of multiple Madera County boards, where I advocate for our most vulnerable populations. I believe I can offer resources and personal dedication to support individuals with disabilities and seniors.

Signature/ *Firma*: Sabrina Garibay

Please send completed applications to:
(Por favor mande solicitudes a:)
Natalia Austin,
Senior Regional Planner
2001 Howard Road, Suite 201
Madera, CA 93637
naustin@maderactc.org