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*: March 15, 2022

NAME/*NOMBRE*: Olga Olivia Saucedo-Garcia

HOME ADDRESS/*DIRECCION*: _____
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*:_____ Cell:_____ Work/*Empleo*: [redacted]

EMAIL/ *Correo electrónico*: ogarcia@madera.gov

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)

The City of Madera Senior Services Division would like to continue to address all needs of our senior population which includes transportation

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 have been an employee for the City of Madera for 20+ years

Signature/ *Firma*: _____