Social Services Transportation Advisory Council

VOLUNTEER NEEDED

The Madera County Transportation Commission (MCTC) is seeking applicants for a vacant volunteer position on the Social Services Transportation Advisory Council (SSTAC). If you are interested in helping to identify transit needs in the county and advising MCTC on major transit issues, please apply today by filling out the application on the back or scan the QR code to access the application online. Email or mail the application to the contact below.

Open Opportunity:

- Potential Transit User Who is **60 Years of Age or Older**

JOIN US!

Natalia Austin, Senior Regional Planner

(559) 675-0721 EXT. 6

naustin@maderactc.org

2001 Howard Rd, Ste. 201
Madera, CA 93637

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*: _____

NAME/*NOMBRE:* _____

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

WORK ADDRESS/
DIRECCION DE EMPLEO: _____
Street/ *Calle* City/ *Ciudad* Zip Code/ *Código Postal*

PHONE/ *TEL:* Home/*Casa:*_____ Cell:_____ Work/*Empleo:* _____

EMAIL/ *Correo electrónico*: _____

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 Has a Disability/ *Usuario potencial de transporte público que esta deshabilitado*
___ 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)

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)

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

Signature/ *Firma*: _____