

Advisory Committees

Check one or more of the three Advisory Committees of interest.

_____ **MTC Advisory Council** – Advises MTC on the Bay Area's 25-year transportation plan and investment strategy, integrated transportation and land use planning, funding priorities and other subjects. The Advisory Council is composed of twenty-four (24) members appointed from the interest categories shown below. (In addition, two members each from the Minority Citizens Advisory Committee and the Elderly and Disabled Advisory Committee are appointed to the Advisory Council.)

Please check the membership category or categories for which you are applying:

Interest Category	✓
Academia	
Architecture	
Business	
Community	
Construction	
Engineering	
Environmental	
Labor	
News Media	
Safety	

Transportation User Category	✓
Freight	
Transit	
Automobile	
Non-motorized Transportation	

_____ **Minority Citizens Advisory Committee** – Advises MTC to ensure that the views and needs of minority and low-income communities are adequately reflected in MTC policies. The committee is composed of twenty-six (26) members, 24 of whom are from the nine Bay Area counties who must be of African American, Asian, Hispanic/Latino or Native American descent. In addition, two members are from, or work with, a low-income community.

Please check the membership category or categories for which you are applying:

Member Category	✓
African American	
Asian	
Hispanic/Latino	
Native American	
Low-income	

_____ **Elderly and Disabled Advisory Committee** – Advises MTC on transportation projects and services that affect older adults and persons with disabilities. The committee is composed of twenty (20) members, with one elderly and one disabled advisor appointed from each of the nine counties, plus two appointed by MTC's regional agency Commissioners.

Please check the membership category or categories for which you are applying:

Member Category	✓
Elderly	
Disabled	

Ethnic Background (Optional)

____ African American/Black ____ Hispanic/Latino
____ Asian or Pacific Islander ____ Native American/American Indian/Alaskan Native
____ Caucasian ____ Other (please state): _____

Employment History

(List your last two employers and briefly describe your job duties. A current résumé may be attached in lieu of completing this section of the form.)

Employer, Job Title or Occupation and Length of Service:

Description of Job Duties:

Employer, Job Title or Occupation and Length of Service:

Description of Job Duties:

References *(List the names of at least two persons who have known you for two years or more.)*

Name Address/Telephone Business/Organization Years Known

I certify that the foregoing statements are true and complete to the best of my knowledge.

Signature

Date