


Capital Region Transportation Planning Agency (CRTPA) CITIZEN ADVISORY COMMITTEE APPLICATION

<p>Please return in person to:</p> <p>Capital Region Transportation Planning Agency 408 N. Adams St., 4th Floor Tallahassee, Florida 32301</p> <p>Or mail to:</p> <p>CRTPA 300 S. Adams St, Box A-19 Tallahassee, Fl. 32301</p>	 <p>Capital Region Transportation Planning Agency CRTPA • 408 N. Adams St., 4th FLOOR • TALLAHASSEE, FL 32301</p>	<p>This application will remain in active files for two years.</p> <p>Please contact the CRTPA to advise of any changes regarding the information on this application.</p> <p>Email: lynn.barr@talgov.com FAX: 850-891-6832 PHONE: 850-891-6800</p>
Name:		Date:
Work Phone:	Home Phone:	Email:
Occupation:		
Employer:		
<i>Please check box and provide your preferred mailing address.</i>		
<input type="checkbox"/> Work Address: City/State/Zip:		
<input type="checkbox"/> Home Address: City/State/Zip:		
<p>The Capital Region Transportation Planning Agency strives to ensure that its citizens advisory committee is representative of the community's demographic makeup. To assist in this endeavor, please provide the following information (voluntary).</p> <p><i>Please also note if you are physically challenged.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p>		
Identify any potential conflicts of interest that might occur were you to be appointed:		
Do you ride the bus? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you drive a car? <input type="checkbox"/> Yes <input type="checkbox"/> No Please circle your age bracket 18 – 25 / 26 - 35 / 36 - 49 / 50 and over	Do you bicycle to work/shopping? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you bicycle for recreation? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you walk to work/shopping? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you walk for recreation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you serve a multi-year term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you regularly attend meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education:		
High School or other higher learning institutions attended Dates (Degree received, if applicable)		

CITIZEN ADVISORY BOARD/COMMITTEE APPLICATION

Please provide biographical information about yourself (attach a resume, if available). Identify previous experience on other boards/committees; charitable/community activities; and skills or services you could contribute to this board/committee. This information will help us create an advisory board that is reflective of a broad spectrum of the community:

References (at least one):

Name:

Phone:

Address:

Name:

Phone:

Address:

All statements and information provided in this application are true to the best of my knowledge.

Signature: _____

If you have a disability requiring accommodations, or need assistance filling out this application, please contact the Capital Region Transportation Planning Agency at 850-891-6800.

The telephone number for the Florida Relay TDD Service is 711 or 1-800-955-8771.