SHASTA REGION
SOCIAL SERVICES TRANSPORTATION ADVISORY COUNCIL (SSTAC)
APPLICATION FOR APPOINTMENT

The Shasta Regional Transportation Agency (SRTA) is seeking members of the public to serve on its Social Services Transportation Advisory Council (SSTAC) for a three-year term. The SSTAC advises SRTA on the transportation needs of transit dependent and transit disadvantaged persons, and other major transportation issues such as transit coordination in the Shasta Region (inclusive of all jurisdictions within the geographical boundary of Shasta County). We encourage you to apply. If not selected as a voting member, alternates and members of the public may still participate in SSTAC meetings. SSTAC meetings are scheduled for mid-January and mid-April of each year but can be more frequent or change as the Council deems necessary. In recent history the SSTAC has met between two and six times per year, with crucial meetings in the spring of each calendar year related to the Transit Needs Assessment.

Please read the SSTAC Fact Sheet before filling out this application. If you have any additional comments or information, please provide it on a separate document, attach it to the application, and return it to the physical or email address listed at the bottom of this application form.

NAME: _____

ADDRESS: _____

TELEPHONE: HOME (if applicable): _____ **BUSINESS:** _____

EMAIL ADDRESS: _____

WHICH SSTAC VOTING MEMBER CATEGORIES DO YOU QUALIFY FOR (SEE SSTAC FACT SHEET):		**SUBJECT TO CHANGE, THE SSTAC MEETS QUARTERLY. WILL YOU HAVE DIFFICULTY ATTENDING THE MEETINGS THIS TERM?**
☐ Category 1	☐ Category 5	☐ YES
☐ Category 2	☐ Category 6	
☐ Category 3	☐ Category 7	☐ NO
☐ Category 4		

WHAT DO YOU HOPE TO ACHIEVE ON THE COUNCIL:

_____
_____
_____
_____

BACKGROUND AND QUALIFICATIONS:

Describe your personal experience with transit as a passenger or working for an organization (how many times or how many months/years you have ridden transit, which transit services you have used in the Shasta Region and elsewhere, what percentage of your job and *how* is it devoted to transit, etc.). Attach additional pages, if necessary. Transit ridership is not a requirement of appointment.

_____
_____
_____
_____
_____

SSTAC MEMBER DIVERSITY:

Pursuant to CA PUC § 99238, Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d et seq, and FTA C 4702.1B, SRTA strives to attain geographic and minority representation among SSTAC members representing the Shasta Region (inclusive of all jurisdictions within the geographical boundary of Shasta County).

A. Please mark **one box in the blue section** and **one box in the red section**.

Race and Ethnicity		
☐ Hispanic or Latino	☐ American Indian or Alaska Native	☐ Other Race/Biracial/Multiracial
☐ Not Hispanic or Latino	☐ Asian	☐ White
☐ Elect not to report	☐ Black or African American	☐ Elect not to report
	☐ Native Hawaiian or Other Pacific Islander	

B. Geographical area you represent (Area your agency serves; where you work/live; etc.. Examples include French Gulch, Anderson, Cottonwood, Shingletown, Burney, etc.)):

_____

CERTIFICATION

I certify that the above information is true and correct, and I authorize the verification of the information in the application in the event I am a finalist for the appointment.

_____ _____

Signature Date

An appointment may be considered at a Shasta Regional Transportation Agency Board of Directors meeting. The information you submit on your application will become a matter of public record.

Return Application to:

Shasta Regional Transportation Agency
SSTAC
1255 East Street, Suite 202
Redding, CA 96001
Phone 530-262-6190, Fax 530-262-6189, Email sstac@srta.ca.gov.

More information regarding the SSTAC and its responsibilities may be found by contacting us at sstac@srta.ca.gov.

If information is needed in another language, contact (530) 262-6190. Si se necessita información en español, llame (530) 262-6190.