



Community Advisory Committee (CAC) Application

Please return completed, signed application by mail or email to the address below

Salem Area Mass Transit District Attn. Executive Assistant Crisandra Williams

555 Court St. NE Suite 5230, Salem, Oregon 97301 | crisandra.williams@cherriots.org | (503) 588-2424

Personal Information

Full Name: _____ **Phone:** _____
First Middle Last

Address: _____
Street Address City State Zip

Email: _____ **In what languages are you fluent?** _____

Can you regularly attend CAC meetings on the third Tuesday of every other month at 5:30 p.m.? (February, April, June, August, October, & December) Yes No

Areas of Interest or Group Perspectives You Would Bring to the CAC

Check all that apply:

| | |
|---------------------------|---------------------------------|
| Seniors / Elders | Rural Community |
| Persons with Disabilities | Minority Populations |
| Medical Community | Business & Economic Development |
| Social Service Agency | Unincorporated Areas |
| Various Associations | Sustainability / Environment |
| Students | Bicycle Organizations |

Service user of the following:

Cherriots Local
Cherriots Regional
Cherriots LIFT Cherriots
Shop and Ride

Describe the top three public transportation issues of concern and importance to you and the role of the CAC in addressing those issues.

List the interest groups with whom you are affiliated and explain how your membership on the CAC would improve communication and add value to these groups.

Please explain how your background including employment, education and experience qualifies you for membership on the CAC. You may attach a brief bio or resume. Links to personal web pages or blogs you want considered are also welcome.

By submitting my application, I affirm the facts and statements contained herein are true and complete.

Signature (If you are not signing digitally please provide the **date**)