East Bay Paratransit

1750 Broadway
Oakland, CA 94612

**APPLICATION FOR MEMBERSHIP
EAST BAY PARATRANSIT ACCESS COMMITTEE (EBPAC)**

Please print in ink or type on this document or attach a separate sheet of paper.

I understand that I am obligated to be complete and truthful in providing information on this application. Please read the attached information sheet before completing this application. If you need help completing the application, or want to request this form in an accessible format, call 510-902-5999.

Name:		Daytime Phone ( )
Address:	Apt.	Evening Phone ( )
City:	Zip	Email

Answer each question as completely as possible.

1) The EBPAC meets on the first Tuesday of every other month. Regular meetings typically last 2 hours (from 12:30 p.m. to 2:30 p.m.) and are hybrid meetings in which you attend virtually or in person in Oakland, CA.

a. Do you have any restrictions preventing you from attending?   ☐ No ☐ Yes
If yes, please explain.

_____
_____
_____

b. Do you have time to prepare for the meetings?

_____
_____
_____

Phone: (510) 287-5000 or Fax: (510) 287-5069
www.eastbayparatransit.org

2) Do you use ☐ BART ☐ AC Transit ☐ Both

3) Are you an EBP Rider? ☐ No ☐ Yes   If yes, for how long?   _____

4) Do you use a wheelchair? ☐ No ☐ Yes Do you use a scooter? ☐ No ☐ Yes

5) What do you think the purpose of the committee is?
_____
_____
_____

6) What interests and qualifications do you have? Please describe the insights, knowledge and experience you would bring to the EBPAC
_____
_____
_____

7) Why would make you a good member of the committee?
_____
_____
_____

8) Why do you wish to serve on the EBPAC and what do you hope to accomplish?
_____
_____
_____

9) Individuals currently involved in the community can bring special insights to the Committee as well as share information about the EBP with others. In what ways are you active in the community? (List organizations or community activities with which you have been involved.) _____

_____

10) Is there anything else you haven't told us and would like to tell the Nominating Committee about yourself?

_____

_____

_____

11) Have you previously served on the EBPAC?   ☐ No   ☐ Yes

If yes, when? _____

12) Do you know someone currently serving on the EBPAC?   ☐ No   ☐ Yes

If yes, who? _____

_____   _____

Applicant's Signature   **Date**

Mail application to:
SRAC Coordinator
East Bay Paratransit / Transdev
1750 Broadway
Oakland CA 94612