Application Form

Thank you for your interest in serving on the accessDC Project Advisory Committee. Please complete and submit this application by October 14, 2016.

Со	ntact Information
Na	ame:
En	nail:
	reet Address:
Ac	ldress Line 2:
	.y:
Sta	ate:
Zip):
Pr	eferred Phone:
Yo	ur occupation:
Hc	
	ow long have you lived in the District of Columbia?
Do	o you use (check all that apply):
Do	
Do	you use (check all that apply):
Do	o you use (check all that apply):

None of the above

Describe your familiarity with any of the services listed above that you have used. If you have used travel training from any of the service providers, please share that here. (No more than 100 words)

 Describe up to three (3) ideas on how transit for older adults and people with disabilities could be improved. (No more than 100 words) List up to three (3) organizations you belong to or have belonged to, have volunteered with, and/or any leadership positions you have held in those organizations. Please provide relevant dates at each position. (No more than 100 words)

Describe your experience working in a diverse group of people with varying points of view and give an example of how this group reached decisions. (No more than 100 words)

- 10. Tell us why you want to be a member of the **accessDC** Project Advisory Committee.
- 11. How did you find out about accessDC's Project Advisory Committee?

Optional Information

12.	Personal and Professional References (up to 3)	
	Name:	-
	Company:	
	Relationship to applicant:	
	Email:	
	Phone Number:	
	Name:	-
	Company:	
	Relationship to applicant:	
	Email:	
	Phone Number:	
	Name:	-
	Company:	
	Relationship to applicant:	
	Email:	
	Phone Number:	

13. Help us make sure our advisory committee is reflective of those we serve:

Age: _____

Disability (if any): _____

Primary language spoken at home: _____

14. What, if any, accommodations would you require in order to participate in the Project Advisory Committee meetings?