STIF/STAC Committee Application

Term: 3 years Upon Appointment

Applicant Name: _____ Date: _____

Address: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Are you a resident of our District? _____ Are you a registered voter? _____

Why do you want to serve on the Umpqua Public Transportation District STIF/STAC Committee?

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Describe past experiences or positions held that would assist you as a STIF/STAC Committee member.

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_____

Outline strengths, abilities and talents that you would bring to the STIF/STAC Committee.

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Describe your knowledge of Public Transportation rules, regulations and funding sources.

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In your opinion, what is the most important role of a STIF/STAC Committee member?

_____

_____

_____

Attach additional sheets if needed

If appointed, would you be able to serve the entire term? _____

Please submit your application to: Amira Kamel, STIF/STAC Coordinator, at akamel@umpquatransit.org