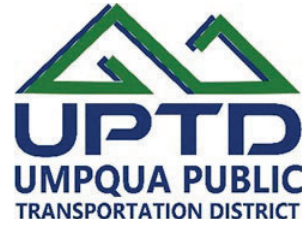


STIF/STAC Committee Application
Term: Two Years Upon Appointment



Applicant Name: _____ Date: _____

Address: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

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

- Are you seeking a position representing: Seniors People with Disabilities Service Provider
 Bike/Ped Low Income Veterans Transit User Dependent Transit User
 Environmental Advocate Educational Institutions Public Health
 Interested Party Transit Background ***Please see website for vacant positions***

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

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

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

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

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

What do you feel qualifies you to serve in the position to which you have applied to be appointed?

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

Please submit your application to: Sheri Bleau, Finance Manager, at
sbleau@umpquatransit.org