San Diego Metropolitan Transit System (MTS)

Accessible Services Advisory Committee

**Notice of Vacancy on ASAC**

Applications are being accepted from individuals who are interested in volunteering to serve on MTS’s Accessible Services Advisory Committee (ASAC). The ASAC has been established to advise the MTS Board of Directors regarding the implementation of accessible transportation services within MTS’s service area.

The ASAC currently meets quarterly on Thursdays in the MTS Board Room, located at 1255 Imperial Avenue, Suite 1000 (10th Floor) San Diego CA 92101. Meetings typically run from 1:00P.M to 2:30P.M. Committee members serve a term of three (3) years and may be reappointed thereafter.

**Currently MTS is looking to fill the Paratransit Consumer position.**

Appointments are made at the discretion of the MTS Chief Executive Officer. Interested persons should complete the attached application. Completed Applications must be submitted by **August 24, 2019** to:

Vassilena Lerinska

100 16th St.

San Diego, CA 92101

Phone: 619-595-7038

Fax: 619-814-1510

Vassilena.lerinska@sdmts.com

If you have any questions regarding the application or if you need this information available in an alternate format, please contact the MTS Staff Liaison for ASAC at 619-595-7038.

*Your completed application may be subject to public disclosure per the California Public Records Act.*

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| **Application Information** |

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| ***First Name*** | |  | | ***Last Name*** | |  | |
| ***Street Address*** | |  | | | | | ***Apt/Unit #*** |  |
| ***City*** |  | | ***State*** | |  | | ***Zip Code*** |  |
| ***Phone*** |  | | ***E-mail Address*** | | |  | | |

**Please answer each question as completely as possible. Responses to the following questions may be printed or typed in the space below or attached on a separate sheet of paper.**

1. *Are you currently a MTS Complementary Paratransit rider? If yes, how frequently do you ride?*

*1b. What region do you use the service most in?*

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1. *Do you use other services as well, i.e. MTS fixed route bus and trolley?*

*2b. What region do you use the service most in?*

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1. *Describe you participation in community activities and advocacy groups?*

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1. *Are you employed by an agency that sits on the ASAC committee?*

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1. *Are there other committees that you sit on, or are a part of, elected or not?*

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1. *Why do you want to become a member of the ASAC committee?*

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1. *If selected, would you be willing to commit to making the quarterly meetings?*

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1. *If selected, and you cannot make the meetings, would you work with the selected alternate to ensure that they know when you are not going to be in attendance?*

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**Applicants Name (Please Print)** **Applicants Signature** **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_