



CALAVERAS COUNCIL  
of GOVERNMENTS

Social Services Transportation Advisory Council  
Application for Appointment

Membership on the Social Service Transportation Advisory Council (SSTAC) requires appointment by the Calaveras Council of Governments (CCOG); therefore, it is necessary to present the CCOG with relevant information concerning each nominee.

If you are interested in serving on the SSTAC, please complete this questionnaire. Include any comments or additional information in the section provided at the end of the application and return to the address listed. Applications are also available online at [www.calacog.org](http://www.calacog.org). **Applications are due January 19, 2012.**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Previous Experience on Relevant Committees:**

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**Relevant Work or Volunteer Experience:**

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**Statement of Qualifications:**

Please briefly state why you are interested in serving on the SSTAC and why you are qualified for appointment. Attach additional pages as necessary.

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**Category Listing:**

The SSTAC is subject to the appointment restrictions established in Section PUC 99238 of the Transportation Development Act. The SSTAC shall consist of the following members: Please circle all categories that apply to you.

**Category 1-** Potential transit user who is 60 years of age and older.

**Category 2-** Potential transit user who is disabled.

**Category 3-** Representatives of the local social service providers for seniors.

Agency Name: \_\_\_\_\_

**Category 4-** Representative of local social service providers for persons with disabilities.

Agency Name: \_\_\_\_\_

**Category 5-** Representative of social service providers for persons of limited means.

Agency Name: \_\_\_\_\_

**Category 6-** Representative from the transportation service provider.

Agency Name: \_\_\_\_\_

**Category 7-** At large appointment.

The term of appointment is for 3 years. However, during the initial period, one and two year terms are also available. Please circle the number of years for your initial term: 1 year, 2 years, and 3 years. At the end of a term, a member can reapply for an additional three year term.

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**Certification:**

I certify that the above information is true and correct and I authorize the verification of this information in the application in the event I am a finalist for the appointment.

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Signature

Date

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**Please Return To:**  
**Calaveras Council of Governments**  
**PO Box 280**  
**San Andreas, CA 95249**  
**209-754-2094**  
**Fax 209-754-2096**

**APPLICATIONS ARE DUE JANUARY 19, 2012**