


Capital Region Transportation Planning Agency (CRTPA) CITIZEN'S MULTIMODAL ADVISORY COMMITTEE (CMAC) APPLICATION

<p>Please return in person to:</p> <p>Capital Region Transportation Planning Agency 300 S. Adams St., 3rd Floor Tallahassee, Florida 32301</p> <p>Or mail to:</p> <p>CRTPA 300 S. Adams St, Box A-19 Tallahassee, Fl. 32301</p>		<p>This application will remain in active files for two years.</p> <p>Please contact the CRTPA to advise of any changes regarding the information on this application.</p> <p>Email: yulonda.mitchell@crtpa.com</p> <p>PHONE: 850-891-8628</p>
Name:		Date:
Work Phone:	Home Phone:	Email:
Please list your specific employer/occupation if employed by a State, Federal, or local government:		
Employer:		
<i>Please provide your home and work address (if applicable). Please check that box of your preferred mailing address.</i>		
<input type="checkbox"/> Home Address:		
City/State/Zip:		
<input type="checkbox"/> Work Address:		
City/State/Zip:		
<p>The Capital Region Transportation Planning Agency strives to ensure that its citizens multimodal advisory committee is representative of the community's demographic makeup. To assist in this endeavor, please provide the following information (voluntary).</p> <p style="text-align: center;"><i>Please also note if you are physically challenged.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other		Gender: <input type="checkbox"/> Female
<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White		<input type="checkbox"/> Male
Identify any potential conflicts of interest that might occur were you to be appointed:		
Do you ride the bus? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you drive a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you bicycle to work/shopping? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please circle your age bracket 18 – 25 / 26 - 35 / 36 - 49 / 50 and over		Do you bicycle for recreation? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Do you walk to work/shopping? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Do you walk for recreation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you serve a multi-year term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you regularly attend meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Conflicts:		
Please circle any special population interests you may represent:		
Minorities, Road Cyclists, Off-Road Cyclists,	Transit Riders	Transportation Disadvantaged
Child, Youth, or Senior Pedestrian Advocates	Students	Persons with Disabilities, Seniors

CITIZEN'S MULTIMODAL ADVISORY COMMITTEE APPLICATION

Please tell us something about yourself! This information will help us create an advisory board that is reflective of a broad spectrum of the community. If you have any interests, hobbies, community activities, previous experience on committees, or anything else you would like us to know in consideration of your application please write it here. You may also attach this information.

How did you hear about us?

All statements and information provided in this application are true to the best of my knowledge.

Signature: _____

If you have a disability requiring accommodations, or need assistance filling out this application, please contact the Capital Region Transportation Planning Agency at 850-891-8630.

The telephone number for the Florida Relay TDD Service is 711 or 1-800-955-8771.