

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 ☐ Bike/Ped ☐ Low Income ☐ Veterans ☐ Tra ☐ Environmental Advocate ☐ Educational Institutio ☐ Interested Party Transit Background	ansit User 🔲 Dependent Transit User
Why do you want to serve on the Umpqua Publi	c Transportation District STIF/STAC Committee?
Describe past experiences or positions held that member.	would assist you as a STIF/STAC Committee
Outline strengths, abilities and talents that you	would bring to the STIF/STAC Committee.
Describe your knowledge of Public Transportation	on 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 tappointed?	he position to which you have applied to be
If appointed, would you be able to serve the ent Please submit your application to: Ben Edtl, Chie bedtl@umpquatransit.org	