

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: ☐ Seni☐ Bike/Ped ☐ Low Income ☐ Veterans ☐ ☐ Environmental Advocate ☐ Educational Instit☐ Interested Party Transit Background	·
Why do you want to serve on the Umpqua Pu	ublic Transportation District STIF/STAC Committee?
Describe past experiences or positions held t member.	hat would assist you as a STIF/STAC Committee
Outline strengths, abilities and talents that you	ou would bring to the STIF/STAC Committee.
Describe your knowledge of Public Transport	ration rules, regulations and funding sources.
In your opinion, what is the most important in	role of a STIF/STAC Committee member?
What do you feel qualifies you to serve i appointed?	n the position to which you have applied to be
If appointed, would you be able to serve the Please submit your application to: Cheryl Ch ccheas@umpquatransit.org	