Sacramento Area Council of Governments

SOCIAL SERVICES TRANSPORTATION ADVISORY COUNCIL (SSTAC)
APPLICATION FOR APPOINTMENT

Membership on a SSTAC requires appointment by the Sacramento Area Council of Governments (SACOG).

If you are interested in serving on one of the three Sacramento Area Council of Governments Social Services Transportation Advisory Councils (SSTACs), please complete this questionnaire, including any comments or additional information in the section provided at the end and return it to the address listed.

Please indicate the SSTAC you are interested in joining. You must be a resident, operator, or service provider in the listed county(ies):

☐ Sacramento County SSTAC
☐ Yolo County SSTAC
☐ Joint Sutter and Yuba Counties SSTAC

NAME: _____

ADDRESS: _____

TELEPHONE: Home: _____ Business: _____

E-MAIL ADDRESS _____

Transit User: ☐Yes ☐No

CATEGORY LISTING:

The Social Services Transportation Advisory Council is subject to the apportionment restriction established in Section PUC 99238 of the Transportation Development Act. The SSTACS shall consist of the following members: Please check all categories that apply to you.

☐Category 1 -potential transit user who is 60 years of age or older
☐Category 2 -potential transit user who is disabled
☐Category 3 -representatives of the local social service providers for seniors.

Agency Name _____(please fill in)

☐Category 4-representatives of local social service providers for the disabled.

Agency Name _____(please fill in)

Continue on next page

☐Category 5-representative of social service provider for persons of limited means

Agency Name _____(please fill in)

☐Category 6-representatives from the local consolidated transportation service agency

Agency Name _____(please fill in)

☐Category 7-at–large appointment

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, if necessary.

PREVIOUS EXPERIENCE ON A RELEVANT GOVERNMENT COMMISSION OR COMMITTEE, NON-PROFIT GOVERNING BODY, ETC.:

RELEVANT WORK / VOLUNTEER EXPERIENCE:

Organization	Address	Position	Date

CERTIFICATION:

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

_____ _____

Signature Date

Any information you submit on your application will become a matter of public record.

Return application:

Sacramento Area Council of Governments
1415 L Street, Suite 300
Sacramento, CA 95814
(916) 340-6226 – Fax: (916) 321-9551
Or via email to transitneeds@sacog.org