



TRANSIT ADVISORY GROUP (TAG) APPLICATION

I am applying for the:

- Two-Year Term TAG Position**
- One-Year Term TAG Youth Position (age 15-19)**

Name: _____ Telephone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Current Employment/Student Status (if applicable): _____

If retired, what was your occupation prior to retirement? _____

Employer (if applicable): _____

Cell Phone: _____ Email Address: _____

School (if student): _____

How long have you lived in Jefferson County? _____

Describe special skills, knowledge, or experience that will contribute to this particular advisory board.

Please list community groups you are affiliated with (volunteer, professional, etc.)

Are you serving, or have you served, on any citizen advisory boards, commissions, committees, task forces? *(If yes, list the organizations and dates of service.)*

Organization: _____ Date(s) of service: _____

Organization: _____ Date(s) of service) _____

What limitations, if any, are placed on the time you would be available for meetings and other activities?

Indicate your general location of residence/representation:

- Port Townsend
- Port Hadlock
- Port Ludlow
- Quilcene
- Brinnon
- Chimacum
- Other (such as Paradise Bay, Discovery Bay, Cape George, Kala Point, Marrowstone Island, etc.)

Indicate which of the following perspectives you think you bring to the Committee (check all that apply):

- Citizens representing transit service users
- Regular users or commuters; Disabled users; Dial-A-Ride users; Van Pool users
- Mental Health Community
- Business/Economic Development Organizations
- Major Employers/Business Owners
- Private for-profit senior/disabled provider
- Public sector senior/disabled provider
- Private non-profit senior/disabled provider
- Medical Community
- Educational Community/Parent Organizations
- Ethnic Community Organizations
- Financial Community
- Other Community-Based Organizations
- Law Enforcement
- Recreational/Bicycling/Pedestrian Advocate
- Student, High School
- Student, Post-Secondary
- Visitor Information Centers

Applicant's Signature _____ Date: _____

Please mail this application to: Jefferson Transit Authority
Or drop it by: Attn: Sj Peck
63 4 Corners Rd, Port Townsend, WA 98368
Fax to: (360) 385-2321 or email to: speck@jeffersontransit.com

TAG APPLICATION
SUPPLEMENTAL QUESTIONNAIRE

APPLICANT NAME: _____

Please answer the following questions and attach your answers to this application using a separate sheet of paper if needed:

1. Describe public transportation issues of concern and importance to you.

2. Why do you want to be a member of the JTA Transit Advisory Group? Please share any additional information relating to your interest and/or experience.

3. What do you envision for public transit?

4. Where would you personally like to see transit in the future?

5. What challenges, if any, do you feel public transportation faces and share any ideas you may have for overcoming these challenges?

6. What do you think are the most important issues regarding public transportation in our community? What do you think can be done to make improvements in these areas?
